Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000295217 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : SAXON GILMORE & CARRAWAY, P.A.

Account Number : I20180000023 Phone : (813)314-4551 Fax Number : (813)314-4555

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

FLCORPE Saxon Email Address:

FLORIDA LIMITED LIABILITY CO. THA District House, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H23000295217 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THA District House, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address

Mailing Address:

5301 W. Cyptess Street	5301 W. Cypiess Street
Tainpa, FL 33607	Tampa, FL 33607
	· · · · · · · · · · · · · · · · · · ·

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are;

Bernice S. Saxon, Esq.
Name

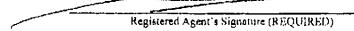
201 E. Kennedy Boulevard, Suite 600

Florida street address (P.O. Box NOT acceptable)

 Tamps
 FL
 33602

 City
 State
 Zip

Having been named as registered agent and to occept service of process for the above stated limited liability company at the place designated in this cartificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



(CONTINUED)

. . . .

(((H23000295217 3)))

"MGR" = Manager	Same and Address:
<u>MGR</u>	Tampa Housing Authority Development Corp. 5301 W. Cypress Street Tampa, FL 33607
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the dat I an effective date is listed, the date must be seedate of filing.)	pecific and cunnot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
	t of State's records.
Note: If the date inserted in this block does not the document's effective date on the Departmen RTICLE VI: Other provisions, if may.	t of State's records.
RTICLE VI: Other provisions, if my. REQUIRED SIGNATURE:	t of State's records. The state's records. The state's records. The state is recorded and state in accordance with section 605.0203 (1) (b), Florida Statutes.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)