L23000557671

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



800420630348



2023

100

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Buckmasters of Thomas County, LLC	
Please Debit FCA000000003 For: 155	
Thank you Seth Neeley	
Set 1	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Ceri. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ .	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Name Date Inte	UCC II Retrieval
Walk-In Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	bility Company is:			
	Thomas County, LLC	Liability Company "	LLC "or"LC"	
(Must C	ontain the words. Limited	глаонну Сопрану,	L.L.C., Of LLC.	
ARTICLE II - Address: The mailing address and stre	et address of the principal o	office of the Limited I	Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Addr	<u>'ess</u> :
2325 S. Florida A	venue	2325	S. Florida Avenue	
Lakeland, Florida			and, Florida 33803	
The name and the Florida str	Wayne L. Peace, Jr. 2325 S. Florida Ave	Name		
	Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)	
	Lakeland	Florida	33803	
	City	State	Zip	
laving been named as register lace designated in this certific arther agree to comply with th m familiar with and accept th	eate, I hereby accept the app e provisions of all statutes in e obligations of my position	pointment as registered relating to the proper of	d agent and agree to act and complete performan s provided for in Chapter	in this capacity. I ce of my duties, and I

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	thorized Member		
"MGR" = Mar	ager		
MGR		Wavne L. Peace, Jr.	
		2325 S. Florida Avenue	
		Lakeland, Florida 33803	
			
			
411 1	nt if necessary)		
EV: Effective fective date is l	date, if other than the da	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or	90 day
LE V: Effective fective date is it of filing.) f the date insert iment's effective	date, if other than the date that the date must be ed in this block does not e date on the Departme	specific and cannot be more than five business days prior to or or meet the applicable statutory filing requirements, this date will	
LE V: Effective fective date is ling.) f the date insertiment's effective LE VI: Other pro-	date, if other than the date sted, the date must be ed in this block does not e date on the Departme ovisions, if any.	specific and cannot be more than five business days prior to or or meet the applicable statutory filing requirements, this date will	not be
LE V: Effective fective date is li of filing.) f the date insert iment's effectiv LE VI: Other pr	date, if other than the date sted, the date must be ed in this block does not e date on the Departme ovisions, if any.	specific and cannot be more than five business days prior to or of meet the applicable statutory filing requirements, this date will ent of State's records.	not be
LE V: Effective fective date is li of filing.) f the date insert iment's effectiv LE VI: Other pr	date, if other than the date sted, the date must be ed in this block does not e date on the Departme ovisions, if any. SIGNATURE:	specific and cannot be more than five business days prior to or of meet the applicable statutory filing requirements, this date will ent of State's records.	not be
LE V: Effective fective date is li of filing.) f the date insert iment's effectiv LE VI: Other pr	edate, if other than the date sted, the date must be ed in this block does not e date on the Departme ovisions, if any. SIGNATURE: Signature of a This document is exer	specific and cannot be more than five business days prior to or of meet the applicable statutory filing requirements, this date will ent of State's records. member or an authorized representative of a member. recuted in accordance with section 605.0203 (1) (b), Florida Statute	not be
LE V: Effective fective date is li of filing.) f the date insert iment's effectiv LE VI: Other pr	edate, if other than the date sted, the date must be ed in this block does not e date on the Departme ovisions, if any. SIGNATURE: Signature of a This document is exertle am aware that any factors.	specific and cannot be more than five business days prior to or of meet the applicable statutory filing requirements, this date will ent of State's records. The member of an authorized representative of a member.	not be
LE V: Effective fective date is li of filing.) f the date insert iment's effectiv LE VI: Other pr	edate, if other than the date sted, the date must be ed in this block does not e date on the Departme ovisions, if any. SIGNATURE: Signature of a This document is exertly am aware that any faconstitutes a third degree of the steel of the	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statute in formation submitted in a document to the Department of Statute in sprovided for in s.817.155, F.S.	not be
LE V: Effective fective date is li of filing.) f the date insert iment's effectiv LE VI: Other pr	edate, if other than the date sted, the date must be ed in this block does not e date on the Departme ovisions, if any. SIGNATURE: Signature of a This document is exertle am aware that any factors.	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statute in formation submitted in a document to the Department of Statute in sprovided for in s.817.155, F.S.	not be
LE V: Effective fective date is li of filing.) f the date insert iment's effectiv LE VI: Other pr	edate, if other than the date sted, the date must be ed in this block does not e date on the Departme ovisions, if any. SIGNATURE: Signature of a This document is exertly am aware that any faconstitutes a third degree of the steel of the	member or an authorized representative of a member. Secuted in accordance with section 605.0203 (1) (b), Florida Statute alse information submitted in a document to the Department of Stagree felony as provided for in s.817.155, F.S.	not be
LE V: Effective fective date is li of filing.) f the date insert iment's effectiv LE VI: Other pr	edate, if other than the date sted, the date must be ed in this block does not e date on the Departme ovisions, if any. SIGNATURE: Signature of a This document is exertly am aware that any faconstitutes a third degree of the steel of the	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statute alse information submitted in a document to the Department of Stagree felony as provided for in s.817.155, F.S. Typed or printed name of signee	not be
EV: Effective dete is list of filing.) If the date insert ment's effective. EVI: Other properties of the date insert ment's effective.	edate, if other than the date sted, the date must be ed in this block does not e date on the Departme ovisions, if any. SIGNATURE: Signature of a This document is exertly am aware that any faconstitutes a third deg	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statute alse information submitted in a document to the Department of Stagree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:	not be
LE V: Effective fective date is it of filing.) f the date insert iment's effective. LE VI: Other processing the second se	edate, if other than the date sted, the date must be ed in this block does not e date on the Departme ovisions, if any. SIGNATURE: Signature of a This document is exertly am aware that any faconstitutes a third deg	member or an authorized representative of a member. cented in accordance with section 605.0203 (1) (b), Florida Statute also information submitted in a document to the Department of Stagree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	not be