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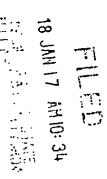
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COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Thomson Rentals LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Teresa Thomson
Name of Person
Firm/Company
501 W Minnesofa Ave
Address
Orange City, FC 32763 City/State and Zip Code TI Payne @ hotmail. Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
1 1 Payne @ hotmail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Teresa Thomson at 407, 353-7728 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Thomson Rentals L.L.C., (Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.)
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is	
Principal Office Address: 501 W Minnesota Aue 501 W. Minnesot Orange City Fl 32763 Drange City Fl. 32763	sta Aue 32763
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate a another business entity with an active Florida registration.)	in individual or
The name and the Florida street address of the registered agent are: Teresa Thomson Name, 501 W. Minnesota Aue Florida street address (P.O. Box NOT acceptable) Orange City FL 32763 City Zip	W 17 AM 10: 34
Having been named as registered agent and to accept service of process for the above stated limite the place designated in this certificate, I hereby accept the appointment as registered agent and capacity. I further agree to comply with the provisions of all statutes relating to the proper and capacity.	agree to act in this

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.

Page Lof 2

(CONTINUED)

Leesa Thomson
Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMI	3R" = Authorized Mem	Name and Address:
"MGR" = Manager	Teresa Thomson 501 W Minnesota Ave Orange City fr 32763	
n	16-R	John Thomson 501 W Minnesota Aug Orange City Fl 32763
(Use a	ittachment if necessary)	
(If an effective the date of filin Note: If the da	date is listed, the date g.) ite inserted in this block	an the date of filing: <u>January 1, 2018</u> (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed a spartment of State's records.
ARTICLE VI:	Other provisions, if any	
REO	<u>JIRED</u> SIGNATURE:	
		va Thomson
	Signati This docume I am aware th	re of a member or an authorized representative of a member. t is executed in accordance with section 605.0203 (1) (b), Florida Statutes, it any false information submitted in a document to the Department of State nird degree felony as provided for in s.817.155, F.S.

as

Teresa Thomson
Typed or printed name of signee

Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)