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William J. Thompson SR. Alyce V. Thompson 616 West 16th Street St. Augustine FL 32080 904-471-6509

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FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 5, 2002

WILLIAM J. THOMPSON SR 616 WEST 16TH ST. ST. AUGUSTINE, FL 32080

SUBJECT: FREE LANCE FINISHING L.L.C.

Ref. Number: W02000022456

We have received your document for FREE LANCE FINISHING L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article I by listing the limited liability company name.

The document must contain both the street address of the principal office and the mailing address of the entity.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 102A00046668

DO DOV COOK Wellshames Florida 99914

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
FREE LANCE FINISHING, LLC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Jolly West Note St.
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
William J. Thompson SR
1 11
Florida street address (P.O. Box NOT acceptable)
· · · · · · · · · · · · · · · · · · ·
St. Augustinest 32080 City, State, and Zip
City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited
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
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 608, F.S.
Mill- O & March & 22 2
Rogistered Agent's Signature
A A A W. D. A A A A A A A A A A A A A A A A A A
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is,
therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)
William - An
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)