

L02000035017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

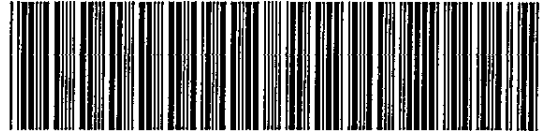
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02 DEC 26 AM 9:09  
SEATTLE, WA  
M140/000111000

UB  
12-30-02

December 20, 2002

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

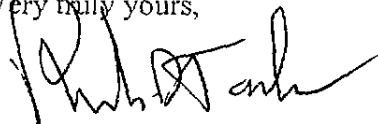
Re: Limited Liability Company

To Whom It May Concern:

Enclosed is Articles of Organization for the Philip D. Tonks, LLC along with check in the amount of \$125.00 for fees.

I can be reached during the day at (561)798-5722. Thank you.

Very truly yours,

  
Philip D. Tonks

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 DEC 26 AM 9:10

APPROVED  
AND  
FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

PHILIP D. TONKS, LLC

**ARTICLE II – Address:**

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

11640 SANDORLING DRIVE  
WELLINGTON, FL 33414

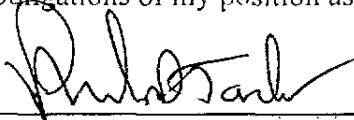
**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

The name and the Florida street address of the Registered Agent are:

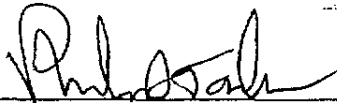
PHILIP D. TONKS  
Name  
11640 SANDORLING DRIVE  
Florida Street Address (P.O. Box NOT Acceptable)  
WELLINGTON, FL 33414  
City, State and Zip

02 DEC 26 AM 9:10  
FILED  
AND  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Having been named as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, 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 608, F.S.



Registered Agent's Signature



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.

PHILIP D. TONKS  
Typed or Printed Name of Signee