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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

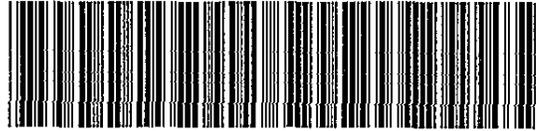
(Business Entity Name)

(Document Number)

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ROBERT M. BULFIN, P.A.

ATTORNEY AT LAW
2826 East Oakland Park Boulevard
Fort Lauderdale, Florida 33306
TELEPHONE (954) 565-6002
TELEFAX (954) 565-0657

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mail Stop 1000
P.O. Box 24802

ROBERT M. BULFIN

Fort Lauderdale, Florida 33307

Via Airborne express
March 6, 2003

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Thomas Insurance &
Financial Services, LLC

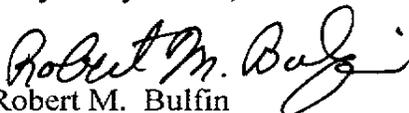
Dear Sir or Madame:

Enclosed please find my check in the amount of \$155.00 for payment of the filing fee, Designation of Registered Agent fee, and Certified copy fee for the above newly proposed limited liability company.

Also, please find an original and a copy of the Articles of Organization for the captioned company and Acceptance of Registered Agent. Please file the Articles and issue and return to me a conformed, stamped copy and a certified copy of the Articles of Organization.

Thank you for your consideration in this matter.

Very Truly Yours,


Robert M. Bulfin

RMB/bs
Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:
THOMAS INSURANCE & FINANCIAL SERVICES, LLC.

ARTICLE II - Address:

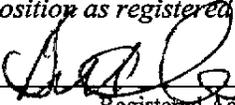
The mailing address and street address of the principal office of the Limited Liability Company is:
1600 South Federal Highway, Suite 450, Pompano Beach, FL 33062

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

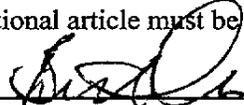
The name and the Florida street address of the registered agent are:

Brett A. Thomas
Name
1600 South Federal Highway, Suite 450
Florida street address (P.O. Box NOT acceptable)
Pompano Beach, FL 33062
City, State, and Zip

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

(An additional article must be added if an effective date is requested)


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.)

Brett A. Thomas
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)
\$ 5.00 Certificate of Status (Optional)