## 104000009338

(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



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01/27/04--01050--018 \*\*125.00

03/01/04

FILED
2004 JAN 27 AM 10: 34
2004 JAN 27 AM 10: 34

## TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SURIECT:

Travis Thomas Enterprises L.
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization \$ 25.00 Designation of Registered Agent 03/01/04

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30. Please send one check for the total amount made payable to the Florida Department of State.

FROM: Thomas Wheler

Name (Printed or typed)

3350 Freeman Lane

Address

Melbourne, FL 32940

City, State & Zip

321-259-7854

Daytime Telephone number

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Time trimiting addition and	Liability Company is:  NIS Thomas Enterprises L.L. C  street address of the principal office of the Limited Liability  Lane Melbourne, FC 32940	Company is:
ARTICLE III - Register	ed Agent, Registered Office, & Registered Agent's Signa	ature:
The name and the Florida  Effective Date  larch 1 <sup>51</sup> 2004  12:00 PM	Street address of the registered agent are:  Thomas Wheeler  Name  3350 Freeman Lane  Florida street address (P.O. Box NOT acceptable)	<b>4</b> .0.
·	Florida street address (P.O. Box NOT acceptable)  Melbourne FL 32940  City, State, and Zip	03/01/04
liability company at the per registered agent and agre statutes relating to the pro	gistered agent and to accept service of process for the above lace designated in this certificate, I hereby accept the appoint to act in this capacity. I further agree to comply with the poper and complete performance of my duties, and I am familiary position as registered agent as provided for in Chapter 60 Registered Agent's Signature	ntment as provisions of all iar with and
The Limited Liabilit	nt (Check box if applicable.) y Company is to be managed by one manager or more mana r - managed company.	agers and is,
•	tional article must be added if an effective date is requested to the following the second se	1)
of thi	ccordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury 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)

\$ 5.00 Certificate of Status (Optional)