

W04000013328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

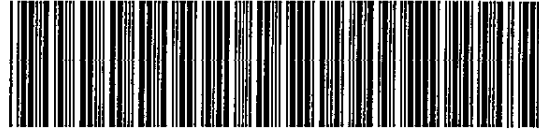
Certified Copies \_\_\_\_\_ Certificates of Status 1

Special Instructions to Filing Officer:

2/9 FL LC

WS

Office Use Only



900028307519

02/10/04--01028--002 \*\*130.00

MJH

FILED

04 FEB -9 PM 12:53

U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KURT L. THOMAS L L C  
(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:

KURT L. THOMAS  
(Name of Person)

KURT L. THOMAS, L L C.  
(Firm/Company)

PO Box 699  
(Address)

CRESTVIEW FL 32536  
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLYN L. THOMAS at (850) 682-1112  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KURT L. THOMAS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

PO Box 699  
3841 Hwy 90 E.  
CRESTVIEW FL 32536

**Mailing Address:**

PO Box 699  
CRESTVIEW FL  
32536

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

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

CAROLYN L. THOMAS  
Name  
3841 Hwy 90 EAST  
Florida street address (P.O. Box NOT acceptable)  
CRESTVIEW FLORIDA 32536  
City, State, and Zip

FILED  
04 FEB -9 PM 12:53  
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, Florida Statutes..*

Carolyn L. Thomas  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

**Name and Address:**

KURT L. THOMAS  
PO Box 699  
CRESTVIEW FL 32536

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Kurt L. Thomas

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.)

KURT L. 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)