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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	- · · · · · · · · · · · · · · · · · · ·
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## TO A NICHARTON AT A DITTORD

TRANSMITTAL LETTER			
TO: Registration Section Division of Corporations			
SUBJECT: Thompson's Carpentry "L. L. C. VALOR (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:			
Monte Fairchild Thompson (Name of Person)			
Thompson's Carpentry (Firm/Company)			
5310 Decson Pd. Lot#28			
Lakeland Fla. 33810 (City/State and Zip Code)			
For further information concerning this matter, please call:			
monte F. Thompson at (863) 959-4443			

(Area Code & Daytime Telephone Number) (Name of Person)

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

ARTICLES OF ORGAN FOR FLORIDA LIMITED LIABIL  ARTICLE I - Name: The name of the Limited Liability Company is:  Thompson's Carp	ITY COMPANY
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5310 Deeson Rd	5310 Deeson Rd
Lot# 28	LOT #28
Lakeland Fla. 33810	Lakeland Fla 33810

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

> Monte F. Thompson 5310 Deeson Rd. Lot#28
> Florida street address (P.O. Box NOT acceptable) Lakeland FLORIDA 33810 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, Florida Statutes...

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managi	ng Membe	er(s):
The name and address of each Manager	or Managir	ng Member is as follows:
CTA A		

Name and Address:
monte F. Thomps 5310 Deeson Ad Lakeland Fla 3
<del></del>
added if an effective date is requested.
uthorized representative of a member.
408(3), Florida Statutes, the execution ffirmation under the penalties of perjury 1e.)
nted 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)