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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

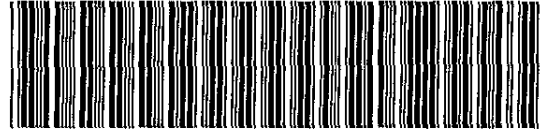
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**BOOTH & COOK, P. A.**  
**Attorneys at Law**

STEPHEN C. BOOTH  
J. HARRIS COOK

RIDGEWOOD EXECUTIVE CENTER  
7510 RIDGE ROAD  
PORT RICHEY, FLORIDA 34668  
727/842-9105  
FAX 727/848-7601

September 20, 2004

Secretary of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32312

Re: Sheila Thompson, LLC

To Whom It May Concern:

Enclosed please find the Articles of Incorporation along with a copy to be stamped and returned, and a check for the filing fees. Please file this and return to my office as soon as possible.

Thank you and if any further information is needed please call.

Sincerely,

  
BOOTH & COOK, P.A.

Stephen C. Booth

encl.  
/lan

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SHEILA THOMPSON, LLC  
(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:

STEPHEN C. BOOTH, ESQ  
(Name of Person)

BOOTH & COOK, P.A.  
(Firm/Company)

7510 RIDGE ROAD  
(Address)

PORT RICHEY, FL 34668  
(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHEN C. BOOTH, ESQ. at ( 727 ) 842-9105  
(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:

SHEILA THOMPSON, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1691 Woodmere Drive

Jacksonville, FL 32210

**Mailing Address:**

1691 Woodmere Drive

Jacksonville, FL 32210

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

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

Sheila Thompson

Name

1691 Woodmere Drive

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32210

FLORIDA

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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..*

  
\_\_\_\_\_  
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

**Name and Address:**

MGRM

Sheila Thompson

1691 Woodmere Drive

Jacksonville, FL 32210

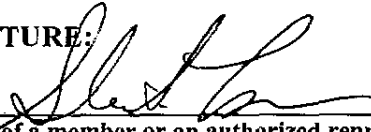
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(Use attachment if necessary)

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

**REQUIRED 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.)

Sheila R. Thompson

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)