

25 Oct 2004 16:16

A1A#CORPORATE#SERVICES

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Division of Corporations

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Thomas Cody, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
Thomas Cody, LLC

ARTICLE II ADDRESS

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

413 Well Line Rd
Cantonment, FL 32533

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE

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

Thomas Cody
413 Well Line Rd
Cantonment, FL 32533

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Having been named as registered agent 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..


THOMAS CODY / Registered Agent

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PAGE 2 Thomas Cody, LLC

ARTICLE IV. MANAGEMENT

The Limited Liability Company is to be managed by one member or more members and is, therefore, a Member Managed Company.

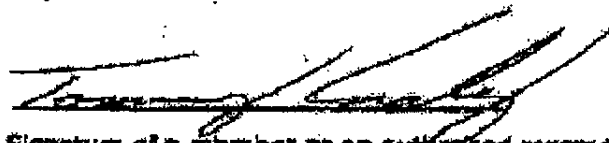
ARTICLE V. MEMBERS (optional)

Managing Member:

Thomas Cody

413 Well Line Rd

Cantonment Florida 32533



Signature of a member or an authorized representative of a member. (In accordance with section 606.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

THOMAS CODY

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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