

L040000 83319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

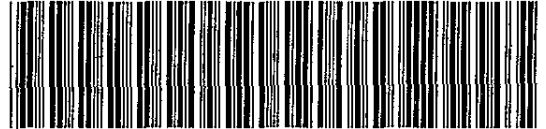
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000042454520

11/09/04--01045--003 \*\*125.00

FILED  
TALLAHASSEE, FLORIDA

04 NOV 16 PM 2:39

FILED

11/17  
umd

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THOMAS BRUNDIDGE, 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:

JIM WILDER  
(Name of Person)

JIM WILDER AND ASSOCIATES, LLC  
(Firm/Company)

PO BOX 3274  
(Address)

FT WALTON BEACH, FL 32547  
(City/State and Zip Code)

For further information concerning this matter, please call:

JIM WILDER at ( 850 ) 642-0901  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

04 NOV 16 PM 2:39

FILED

W04-41841



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 16, 2004

JIM WILDER  
JIM WILDER AND ASSOCIATES, LLC  
PO BOX 3274  
FT WALTON BEACH, FL 32547

SUBJECT: THOMAS BRUNDIDGE, LLC  
Ref. Number: W04000041841

We have received your document for THOMAS BRUNDIDGE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The second page of your application was missing, and the registered agent's signature was missing from the first page. Please sign the first page and complete and sign the second page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 004A00064980

Division of  
TALLAHASSEE, FLORIDA

04 NOV 12 PM 2:39

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

THOMAS BRUNDIDGE, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:****Mailing Address:**

303 TILDEN ST  
FT WALTON BEACH, FL 32548

SAME AS OFFICE

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

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

JIM WILDER

Name

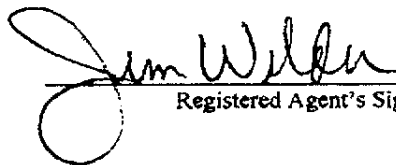
102 OAKHILL AVE

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

FT WALTON BEACH 32547 FL

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, F.S.*



Registered Agent's Signature

(CONTINUED)

FILED  
04 NOV 16 PM  
TALLAHASSEE, FL

**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

THOMAS BRUNDIDGE

303 TILDEN ST

FT WALTON BEACH, FL 32547

(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.)

THOMAS L BRUNDIDGE

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

04 NOV 1996 PM 2:39

FILED