## 105000068263

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## TRANSMITTAL LETTER

|                                                                                                               | gistration Sec<br>vision of Corp |                                               |                                                                                     |                              |                                                                                                      |
|---------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------|
| SUBJECT:                                                                                                      | Cureton &                        | Thompson Investments, LL<br>(Name of Limited  |                                                                                     | ny)                          |                                                                                                      |
| The enclose                                                                                                   | d Articles of                    | Organization and fee(s) are su                | bmitted for filing                                                                  | <b>;</b> .                   |                                                                                                      |
| Please return                                                                                                 | n all correspo                   | ndence concerning this matter                 | to the following                                                                    | :                            |                                                                                                      |
|                                                                                                               | Bryan H.                         |                                               | ame of Person)                                                                      |                              |                                                                                                      |
|                                                                                                               |                                  |                                               | ·                                                                                   |                              |                                                                                                      |
| <u></u>                                                                                                       |                                  | (F                                            | irm/Company)                                                                        |                              | DS JUL                                                                                               |
| 3                                                                                                             | 3 <b>717</b> Loma F              | Farm Road                                     |                                                                                     |                              | SJUL 12 AH ID: 35<br>LLAHASSEE, FLORI                                                                |
| _                                                                                                             |                                  |                                               | (Address)                                                                           |                              | HIO: 3                                                                                               |
|                                                                                                               | Tallah                           | assee, FL 32309<br>(City/S                    | State and Zip Code                                                                  | )                            | AND A                                                                                                |
| For further                                                                                                   | information o                    | concerning this matter, please of             | eall:                                                                               |                              |                                                                                                      |
| Bryan H. (                                                                                                    |                                  | of Person)                                    | at ( 850<br>(Area Cod                                                               | ) 545-3687<br>e & Daytime Te | lephone Number)                                                                                      |
| Enclosed i                                                                                                    | s a check fo                     | r the following amount:                       |                                                                                     |                              |                                                                                                      |
| <b>Z</b> \$125.00                                                                                             | Filing Fee                       | ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 F<br>Certified Cop<br>(additional copy                                   | у                            | ☐ \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 |                                  |                                               | MAILING AI<br>Registration Sc<br>Division of Co<br>P.O. Box 6327<br>Tallahassee, F. | ection<br>rporations         |                                                                                                      |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - N The name of the  | ame:<br>Limited Liability Comp | any is:                                                                       |
|--------------------------------|--------------------------------|-------------------------------------------------------------------------------|
| Cureton & Thomp                | son Investments, LLC           |                                                                               |
| ARTICLE II - A The mailing add |                                | f the principal office of the Limited Liability Company is:                   |
| Principal Office               | Address:                       | Mailing Address:                                                              |
| 3717 Loma Farm                 | Road                           | 3717 Loma Farm Road                                                           |
| Tallahassee, FL 32309          |                                | Tallahassee, FL 32309                                                         |
|                                |                                | gistered Office, & Registered Agent's Signature: of the registered agent are: |
|                                | Bryan H. Cureton               | SS N                                                                          |
|                                |                                | Name d  OR  OR  OR  OR  OR  OR  OR  OR  OR                                    |
|                                | 3717 Loma Farm Roa             | d                                                                             |
|                                | Florida                        | street address (P.O. Box NOT acceptable)                                      |
|                                | Tallahassee,                   | FL 32309                                                                      |
|                                | Cit                            | y, 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.

(CONTINUED)

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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member                                      | Name and Address:                             |    |
|---------------------------------------------------------------------------------------------|-----------------------------------------------|----|
| MGR                                                                                         | Bryan H. Cureton and Jennifer A. Cureton      |    |
| <u></u>                                                                                     | 3717 Loma Farm Road                           |    |
|                                                                                             | Tallahassee, FL 32309                         |    |
| MGRM                                                                                        | Paul T. Cureton and Betty E. Cureton          |    |
|                                                                                             | 6023 Ox Bottom Manor Drive                    |    |
|                                                                                             | Tallahassee, FL 32312                         |    |
| MGRM                                                                                        | Brett A. Thompson and Brady CuretonThompson   |    |
|                                                                                             | 3047 Feeney Court                             |    |
|                                                                                             | Tallahassee, FL 32309                         |    |
| (Use attachment if necessary)                                                               | 7.0                                           |    |
| NOTE: An additional article mus                                                             | et be added if an effective date is requested | 71 |
| (In accordance with s<br>of this document con<br>that the facts stated<br>Brady Cureton The | ompson                                        |    |
| 1                                                                                           | yped 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)