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CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TAŁLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

ALCHINGS ON IN. 18 CONTACT: KATIE WONSCH DATE: 07/15/2005 **REF. #:** 001260.40172 CORP. NAME: MICHAEL E TOMPKINS, LLC () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP _(XX) LIMITED LIABILITY () REINSTATEMENT () MERGER () WITHDRAWAL () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 47972 FOR \$ 125.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$

() CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY

Examiner's Initials

PLEASE RETURN:

() CERTIFICATE OF STATUS

() CERTIFIED COPY

ARTICLES OF ORGANIZATION FOR

ALLEN SON FILE FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: MICHAEL E TOMPKINS, 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:

709 OLD DARBY STREET	709 OLD DARBY STREET
SEFFNER, FL 33584	SEFFNER, FL 33584

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

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

MICHAEL E	TOMPKINS
1	Vame
709 OLD DAR	BY STREET
Florida stree	et address (P.O. Box NOT acceptable)
SEFFNER, FI	L 33584
	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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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	Name and Address:
"MGRM" = Managing Member	
	MICHAEL E TOMPKINS
MGRM	709 OLD DARBY STREET
	SEFFNER, FL 33584
(Use attachment if necessary)	
NOTE: An additional article must be added if an	effective date is requested.
REQUIRED SIGNATURE:	
Squature of a member or an authorized repre	sentative of a member.
(In accordance with section 608.408(3), of this document constitutes an affirmati that the facts stated herein are true.)	
MICHAEL E TOMPKINS	
Typed or printed nam	ne 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)