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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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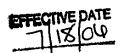
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SECRETARY OF STATITALLAHASSEE, FLORI



## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Thomp	son Oliver Consu	Iting LC	
	(Name of Limite	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	ndence concerning this matte	er to the following:	
Joshua Th	nompson		•
	()	Name of Person)	
Thompsor	n Oliver Consultir	ng LC	
<del></del>	(	Firm/Company)	
112 Harm	nony Place		
		(Address)	
Melbourn	e Beach, FL 32	2951	
		/State and Zip Code)	
For further information co	oncerning this matter, please	call:	
Joshua Thomps	son	at ( 321 ) 373-197	74
	of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Thompson Oliver Consulting LC	
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
112 Harmony Place	112 Harmony Place
Melbourne Beach, FL	Melbourne Beach, FL
32951	32951
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Joshua Thompson	
Name	
112 Harmony Place	
	ress (P.O. Box NOT acceptable)
Melbourne Beach	FL 32951
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

#### 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			
MGRM	Joshua Thompson		
	112 Harmony Place		<del></del>
	Melbourne Beach, FL 32951		-
	·		_
MGRM	James Michael Oliver		_
	816 Spanish Cove		_
	Melbourne, FL 32940		_
			_
			_
			<b>-</b> .
			_
			-
(Use attachment if necessary)			
,			
ARTICLE V: Effective date, if other than the date	e of filing: July 18th, 2006	OPTIO	ONAL)
(If an effective date is listed, the date must be sp	ecific and cannot be more than five bu	siness	days prior
to or 90 days after the date of filing.)			•
DT01117 01011			
<u>required</u> signature:			
	\ <u></u>		
Signature of a member or	an authorized representative of a member.		
· ·	•		
(In accordance with section of this document constitutes that the facts stated hereir	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.		
		₽	_
Joshua Thompson Typed (	or printed name of signee	EC SEC	, 30

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)

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Thompson Oliver Consulting LC			
	(Name of Limite	d Liability Company)	
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	(	Name of Person)	
Thompso	n Oliver Consultir	na LC	
		Firm/Company)	
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Melbourr	ne Beach, FL 32		
	(City	/State and Zip Code)	
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	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	O6 SEC TALL