

## ARTICLE I - Name:

The name of the Limited Liability Company is:

GORDON THOMPSON DESIGN, LLC

## ARTICLE II - Address:

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

## Principal Office Address:

858 NW 97 Ave

PLANTATION, FL. 33324

## Mailing Address:

SAME

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

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

GORDON THOMPSON

Name

858 NW 97 Ave

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

PLANTATION, FLORIDA 33324

City, State, and Zip

FILED  
06 NOV 14 AM 05:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

## Title:

"MGR" = Manager

"MGRM" = Managing Member

## Name and Address:

MGR

GORDON THOMPSON

858 NW 97 Ave

PLANTATION, FL 33324

(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 requires an affirmative under the penalties of perjury that the facts stated here are true.)

GORDON THOMPSON

Typed or printed name of signer

## Filing Fee:

- ✓ \$100.00 Filing Fee for Articles of Organization
- ✓ \$ 25.00 Designation of Registered Agent
- ✓ \$ 30.00 Certified Copy (Optional)
- ✓ \$ 0.00 Certificate of Status (Optional)

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(Requestor's Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(City/State/Zip/Phone #) \_\_\_\_\_

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name) \_\_\_\_\_

(Document Number) \_\_\_\_\_

Filed Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Office: *See*

Office Use Only

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606-48382

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2006

TAUTYDAS PLIOPA  
6241 WILLOUGHBY CIR  
LAKE WORTH, FL 33463SUBJECT: TPT RESTORATION  
Ref. Number: W0600048382

We have received your document for TPT RESTORATION and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document wasn't complete. Please give the suffix for your new limited liability company. The effective date must be changed.

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) 245-8851.

Gina McLeod  
Document Specialist

Letter Number: 706A00065158