

L070000012541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

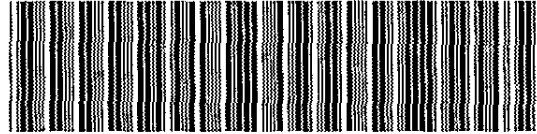
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mowrey & Mitchell, P.A.
Attorneys at Law

Ronald A. Mowrey *
Stephen E. Mitchell *
Rick A. Savage
Sarah E. Peart
* Also admitted in District of Columbia
* Certified Civil Mediator

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Courthouse Square
Crawfordville, FL 32327
Tel: (850) 926-7666
Fax: (850) 926-9447

January 30, 2007

Department of State
Division of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, FL 32314

Re: Thomas Eads Fine Art, LLC

Dear Sir or Madam:

Enclosed for filing with the Division of Corporations is an original and copy of Articles of Organization of Limited Liability Company for the referenced limited liability company, along with our firm's check in the amount of \$125.00 for the filing fee. Also enclosed is a self-addressed and stamped envelope for return of a filed endorsed copy of the Articles to this office.

Please call if you have any questions. Thank you for your consideration.

Sincerely,



Kathy Colson
Secretary to Rick A. Savage

:kc
Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Thomas Eads Fine Art, LLC

ARTICLE II - Address:

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

Principal Office Address:

1122 Thomasville Road Suite 8
Tallahassee, Florida 32303

Mailing Address:

1122 Thomasville Road Suite 8
Tallahassee, Florida 32303

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

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

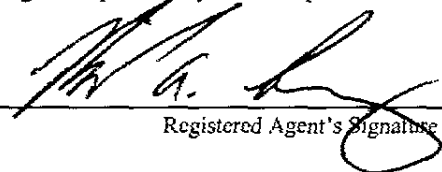
Mowrey & Mitchell, PA
Name
515 North Adams Street
Florida Street Address (P.O. Box **NOT** acceptable)
Tallahassee, Florida 32301
City, State and Zip Code

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title

"MGR" = Manager

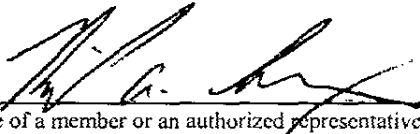
"MGRM" = Managing Member

Name and Address:

MGRM

Thomas Eads
1122 Thomasville Road Suite 8
Tallahassee, Florida 32303

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.)

Rick A. Savage

Typed or Printed Name of Signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)