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(Requestor's Name)				
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PICK-UP	WAIT	MAIL.		
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Certified Copies	_ Certificates	s of Status		
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07 AUG 13 AM IO: 50 SECRETARY OF STATE ALLAHASSEE, FLORID*i*

COVER LETTER

Division of Corpor			
_{subject:} ThinkLike	Fish, LLC.		
	(Name of Limit	led Liability Company)	-
The enclosed Articles of Org	ganization and fee(s) are	submitted for filing.	
Please return all corresponde	ence concerning this mat	ter to the following:	
Thomas Gillir	ngham		
- 		(Name of Person)	
ThinkLikeFis	h, LLC.		
		(Firm/Company)	
16619 Vallely	y Drive		
		(Address)	
Tampa, Florid	da 33618		
	(Ci	ty/State and Zip Code)	
For further information conc	erning this matter, pleas	e call:	
Thomas Gillingha	m	at (813) 766-66	64
(Name of Pe	erson)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e following amount:		
\$125.00 Filing Fee \$\square\$\$	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ro D P.	lailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ThinkLikeFish, LLC.		
(Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liabilit	y Company is:
Principal Office Address:	Mailing Address:	
ThinkLikeFish, LLC.	Thomas Gillingham	<u> </u>
4465 77th Way N.	16619 Vallely Drive	
St. Petersburg, Florida 33709	Tampa, Florida 33618	•
business entity with an active Florida registration.) The name and the Florida street address	5	SECIAL SE
	•	争 (: 0 T
Thomas Gilling	gham	芸芸
	gham Name	BISSE
Thomas Gilling	Name Drive	HASSEE, FL
Thomas Gilling	Name	G 13 AM 10: 5
Thomas Gilling	Name Drive a street address (P.O. Box NOT acceptable)	G 13 AM ID: 50 G 13 AM ID: 50 HASSEE, FLORIDA
Thomas Gilling 16619 Vallely Florida Tampa, FL 336	Name Drive a street address (P.O. Box NOT acceptable)	AUG 13 AM 10: 50 SECRETARY OF STATE ALLAHASSEE, FLORIDA

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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" = M "MGRM" =	lanager Managing Member	Name and Address:
MGR		Terry Lee Gillingham
		4465 77th Way N.
		St. Petersburg, Florida 33709
MGR		Thomas Gillingham
		16619 Vallely Drive
		Tampa, FL 33618
		·
		, <u>, , , , , , , , , , , , , , , , , , </u>
(Use attachr	nent if necessary)	
CLEV: Effec	tive date if other than the	e date of filing: (OPTIONAL)
		be specific and cannot be more than five business days pr
0 days after t	he date of filing.)	
REQUIRE	<u>D</u> SIGNATURE:	7 FS: 9
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REQUIRE	D SIGNATURE:	O7 AUG TALLANI TALLANI
REQUIRE		SECRETAL AHASS
REQUIRE	Signature of a member	SECRETARY SECRETARY SECOND AND AND AND AND AND AND AND AND AND A
REQUIRE	Signature of a member (In accordance with se	er or an authorized representative of a member. SECRIFICATION SE
REQUIRE	Signature of a member (In accordance with se	stitutes an affirmation under the penalties of perjury

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)

Typed or printed name of signee