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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 21 2008

EXAMINER

EFFECTIVE DATE 2-14-08

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thomas Expressions, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy D Thomas

(Name of Person)

(Firm/Company)

390 S Tyndall Parkway #294

(Address)

Panama City, FL 32404

(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy D Thomas

(Name of Person)

at (

850

866-5408

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Thomas Expressions, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

11907 Cue Drive
Panama City, FL 32404

Mailing Address:

390 S Tyndall Parkway #294
Panama City, FL 32404

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

THERESA T THOMAS
Name

11907 CUE DRIVE
Florida street address (P.O. Box **NOT** acceptable)

PANAMA CITY, FL 32404
City, State, and Zip

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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, F.S.

Theresa Thomas
Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 2-14-08

(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:

MGRM

Timothy D Thomas

11907 Cue Drive

Panama City, FL 32404

MGRM

Theresa T Thomas

11907 Cue Drive

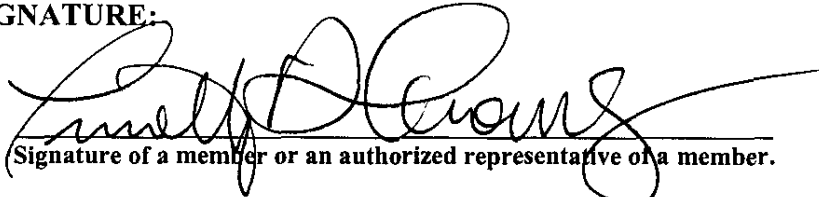
Panama City, FL 32404

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Feb 14, 2008 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Timothy D Thomas

Typed or printed name of signee

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)

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