

L0900004849

David Thompson  
(Requestor's Name)

6413 Kingman Trail  
(Address)

(Address)

Tallahassee, Fl. 32309  
(City/State/Zip/Phone #)

☐ PICK-UP

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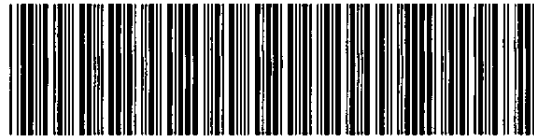
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

EstimFL, LLC

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09 FEB 13 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company, EstimFL, LLC (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Company Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

The purpose for which the Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. ADDRESS OF PLACE OF BUSINESS.

The mailing and street address of the place of business in

Florida for the Company is , 6413 Kingman Trail, Tallahassee, Florida 32309. Such address may be changed from time to time as provided in the Operating Agreement.

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5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: David Thompson, and the initial registered office is located at 6413 Kingman Trail , Tallahassee, Florida 32309.

6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows: One Hundred and No/100 Dollars (\$100.00) in cash.

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

8. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

9. MANAGEMENT.

The Company shall be manager-managed. The initial manager shall be: David Thompson.

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**TALLAHASSEE, FLORIDA**

10. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Manager or former Manager to the full extent permitted under the Florida Limited Liability Company Act.

11. EFFECTIVE TIME.

These Articles shall be effective when filed with the Florida Department of State.

Executed at Tallahassee, Florida, on this

**FILED**

day of

February, 2009.

09 FEB 13 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

David Thompson

STATE OF FLORIDA

COUNTY OF Leon

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of February, 2009, by DAVID THOMPSON, Member of                      LLC, a Florida limited liability company, on behalf of the company. He is personally known to me or has produced PERSONALLY KNOWN as identification.

(SEAL)

Judy S. Davis  
NOTARY PUBLIC - STATE OF FLORIDA

Judy S. Davis  
Print, Type or Stamp Name of Notary  
Public



CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: EstimFL, LLC
2. The name and address of the registered agent and office is:

David Thompson  
(NAME)

6413 Kingman Trail  
(P.O. BOX NOT ACCEPTABLE)

Tallahassee, FL 32309  
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

By: [Signature]  
Print Name: David Thompson  
DATE 12 February 2009

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.

SIGNATURE [Signature]

DATE 2/12/09

REGISTERED AGENT FILING FEE: \$25.00

