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SECRETARY OF STATE
AND ASSECT FI OR ID.

J. BRYAN

MAR 1 8 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of	f Corporations		
SUBJECT:	<u>-</u>	stern Florida Field Services, LLC	
	Name of Emil	med Elability Company	
The enclosed Article	es of Organization and fee(s) are	re submitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
		Jami Beisler Name of Person	
		Name of Person	
	Thompson's W	Vestern Florida Field Services	
		Firm/Company	۳۲۳ سد
	80	O1 Coulter Circle	[
		Address	1
	Bran	ndon, Florida 33511	•
, _,,	C	City/State and Zip Code	3
		b24@verizon.net d for future annual report notification)	
	·	•	
For further informat	ion concerning this matter, pleas	ise call:	
	lami Beisler	at (813) 951-5685	
Na	ime of Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fe	ce \$\int_\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
V W	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 Com	pany is:	
Thompson's Western (Must end with the words "Lim	Florida Field Services, LLC nited 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	s:
Principal Office Address:	Mailing Address:	
801 Coulter Circe Brandon, Fl. 33511	801 Coulter Circle Brandon, Fl. 33511	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:	[]
	Name ASSEE P	
Brandon, FI 33	ress (P.O. Box NOT acceptable) 3511 FL y, State, and Zip	.
Having been named as registered agent liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	t and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of a applete performance of my duties, and I am familiar with and a as registered agent as provided for in Chapter 608, F.S	all

(CONTINUED)

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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:

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Jami Beisler 801 Coulter Circle Brandon, Fl. 33511 (Use attachment if necessary) : ARTICLE V: Effective date, if other than the date of filing: . (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:** nature 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.) Jami Beisler 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)