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(Re	equestor's Name)	
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SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

MAY 2 5 2010

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

· • ·			
SUBJECT: Tisip Li	LC		
	Name of Limi	ted Liability Company	
The small and Amiles	-60. 1.4. 16.4.	1 10	
The enclosed Afficies	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
Charles Tho	mpson		
		Name of Person	
		Firm/Company	
24520 Dumla	1		
31528 Bugle	Lane	Address	
Wesley Char			
		ty/State and Zip Code	
mightee1@h	otmail.com E-mail address: (to be used	for future annual report notification)	
For firther information	concerning this matter, pleas		
1 01 1— 4101 111011111111111111111111111	Tonestining and maries, process	vali.	
Charles Thompson		at (813) 355-3358	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check f	or 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Tisip LLC		
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limited Liability Company	y is:
Principal Office Address:	Mailing Address:	
31528 Bugle Lane	31528 Bugle Lane	
Wesley Chapel, Fl. 33543	Michael Chanal El 22542	
ARTICLE III - Registered Agent, Reg	ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another—	
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its consiness entity with an active Florida registration.) The name and the Florida street address	ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:	
ARTICLE III - Registered Agent, Registered Agent, Registered Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address Charles Thompson	ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:	
ARTICLE III - Registered Agent, Registered Agent, Registered Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address Charles Thompson	ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:	2
ARTICLE III - Registered Agent, Registered Agent, Registered Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address Charles Thompson 31528 Bugle Lane	ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:	2. 乳点
31528 Bugle Lane	ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are: Name Name Street address (P.O. Box NOT acceptable)	21 PH 12: 45
31528 Bugle Lane	ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are: Name Name FL 33543	34 12 14 15 1 15 1 15 1 15 1 15 1 15 1 15

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

Title:		Name and Address:	SECRETARY	OF STATE
"MGR" = Manag	ger	1 (Brite data / Xabi Ess)	TALLAHASSE	E.FLORID
MGRM		Charles Thompson		
		31528 Bugle Lane		
		Wesley Chapel, Fl. 33543	. Assert both ware as see were a man	
MGRM		Sandra Thompson		
		31528 Bugle Lane		
		Wesley Chapel, Fl. 33543		
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LE V: Effective ffective date is lis days after the d	date, if other than the date ted, the date must be speate of filing.) GNATURE: Claude Signature of a member or a (In accordance with section of this document constitutes)	an authorized representative of a member of periods.	e business days	L) s prior

riming rees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)