

L11 0000003575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

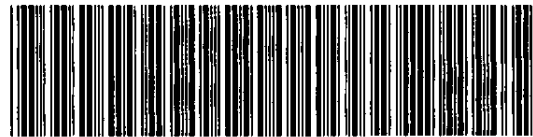
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JAN 10 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2011

LYNNE THOMPSON
2466 PINE FOREST RD
CANTONMENT, FL 32533

SUBJECT: LYNNE THOMPSON, LLC
Ref. Number: W11000000559

We have received your document for LYNNE THOMPSON, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 011A00000363

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Lynne Thompson, 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:

Lynne Thompson

Name of Person

Lynne Thompson, LLC

Firm/Company

2466 Pine Forest Rd

Address

Cantonment, FL 32533

City/State and Zip Code

lynnemthompson@cox.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynne Thompson

Name of Person

at (850) 525-6833

Area Code & Daytime Telephone Number

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

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2011 JAN -7 AM 11:04
TALLAHASSEE, FL 32301
SECRETARY OF STATE

Lynne Thompson

2466 Pine Forest Road • Cantonment, FL 32533

Phone: 850-525-6833 • Fax: 850-968-6130

To: Registration Section
Division of Corporations

From: Lynne Thompson

Date: December 31, 2010

Subject: LLC – Articles of Organization for Florida Limited Liability Company

Comments:

I mailed my paperwork with a check in the amount of \$130.00 earlier today. However, I do not remember signing the paperwork. Attached is a copy of the Articles with my signature. Please contact me if you need anything else. I may be reached at 850-525-6833.

Please accept my apologies for the confusion.

Thank you and have a great day,



Lynne Thompson

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lynne Thompson, 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:

2466 Pine Forest Rd
Cantonment, FL 32533

Mailing Address:

2466 Pine Forest Rd
Cantonment, FL 32533

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:

Lynne Thompson

Name

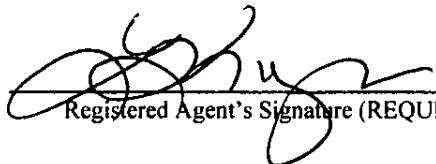
2466 Pine Forest Rd

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

Cantonment FL 32533

City, State, and Zip

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Manager

Lynne Thompson

2466 Pine Forest Rd

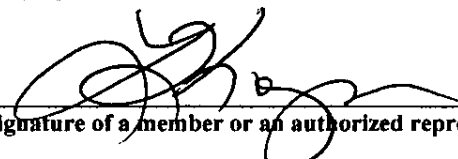
Cantonment, FL 32533

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/31/2010. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Lynne Thompson

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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TALLAHASSEE, FLORIDA