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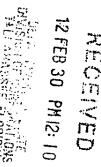
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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SECRETARY OF STATE

COVER LETTER

TO: Registration Division of (i Section Corporations		
_{SUBJECT:} I and	A,LLC.		
		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this matt	ter to the following:	
Robert	Thompson		
		Name of Person	
** ***********************************		Firm/Company	
860 Tall	y Hills Drive	• •	
	<i>y</i> 1	Address	
Monticello	o, FL 32344		
	Cit	y/State and Zip Code	
	E-mail address; (to be used f	or future annual report notification)	
For further information	on concerning this matter, please	e call:	
Robert Thompson		at (850) 997-9992	
Nary	ne of Person	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 & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

	Limited Liability Comp	
I and A,LLO	D .	
(1)	Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - A The mailing addr		f the principal office of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
860 Tally Hills Drive		860 Tally Hills Drive
Monticello, FL 32344		
ARTICLE III - 1 (The Limited Liability	Registered Agent, Reg	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another
ARTICLE III - 1 (The Limited Liability business entity with a	Registered Agent, Reg Company cannot serve as its over a active Florida registration.)	istered Office, & Registered Agent's Signature:
ARTICLE III - 1 (The Limited Liability business entity with a	Registered Agent, Reg Company cannot serve as its over a active Florida registration.)	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE III - 1 (The Limited Liability business entity with a	Registered Agent, Reg Company cannot serve as its over a active Florida registration.)	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE III - 1 (The Limited Liability business entity with a	Registered Agent, Reg Company cannot serve as its over a active Florida registration.)	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are: Name
ARTICLE III - 1 (The Limited Liability business entity with a	Registered Agent, Reg Company cannot serve as its or n active Florida registration.) e Florida street address of Robert Thompson 860 Tally Hill	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are: Name
ARTICLE III - 1 (The Limited Liability business entity with a	Registered Agent, Reg Company cannot serve as its or n active Florida registration.) e Florida street address of Robert Thompson 860 Tally Hill	istered Office, & Registered Agent's Signature: vn Registered Agent. You must designate an individual or another of the registered agent are: Name S Drive

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Page 1 of 2

12 KAR - 1 PM 12: 34

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Robert Thompson
	860Tally Hills Drive
	Monticello, FL 32344
MGRM	John Griffin
141011111	701 East College Ave
	Tallahassee, FL 32301
(Use attachment if necessary)	
APTICIE V. Effective date if other than	the date of filing: (OPTIONAL)
(If an effective date is listed, the date mus	st 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 me	mber or an authorized representative of a member.
constitutes an affirmation u	n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
Robert Tho	•
	Typed or printed name of signee
	ACC 5

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)

ASSEE, FLOR

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