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SECOLIARY OF STATE
AND ASSEEL FLORIDS

B. BOSTICK

APR - 4 2012

EXAMINER

COVER LETTER

	f Corporations				
SUBJECT:	Thomas Financ	ial Solutio	ns, LLC		
		ted Liability Com	 		
The enclosed Article	es of Organization and fee(s) are	submitted for fili	ng.		
Please return all cor	respondence concerning this mat	ter to the followir	ng:		
	Jam	es Round	S		
		Name of Person			
	Integrated C	orporate s	Solutions		
		Firm/Company			
	2511 No	rth Olive A	venue		
		Address		<u> </u>	
*********		ena, CA 91 Ly/State and Zip Cod		A A	3
		tics@yahoo.		E AHJ	
-	E-mail address: (to be used			ا کیکی ا	* # (100# > 47##
For further informat	ion concerning this matter, pleas	e call:		SEE	o []
James Round	s	at (626	824-0399	FOR SIA	့ သ
Na	ume of Person	Area Coo	de & Daytime Telepho	one Numbe	
Enclosed is a chec	k for the following amount:				
125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Contact (additional contact)	opy py is enclosed)	\$160.00 Filing Fed Certificate of Statu Certified Copy additional copy is end	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address ation Section n of Corporations Building xecutive Center Circ ssee, FL 32301	ele	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	2							•					((l										•				J																١	١	١	•	•	ĺ	ĺ												•			•																																																																												
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The name of the Limited Liability Company is:

Thomas Financial Solutions, 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:	Mailing Address:
4611 N. 35th Street	William Thomas
Tampa, FL	4611 North 35th Street
33610	Tampa, FL 33610

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:

	William Thomas		2 A	
	Name	H.	APR	T'
4611 N	North 35th Street	18SF	ပ်	1
	Florida street address (P.O. Box NOT acceptable)	m ca	PH	- T
Tampa	_{FL} 33610	FLO.	5	كسية
	City, State, and Zip	AIE RIDA	<u>အ</u>	

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)

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:

MGR	William Thomas 4611 North 35th Street	
	Tampa, FL 33610	
		_
		_
	Pv.	12
	— — — — — — — — — — — — — — — — — — —	A₽R
	SEE S.	ပ်
		PM12:
(Use attachment if necessary)	TATE	12: 38:
LEV: Effective date, if other than the	e date of filing: (OPTI	ON.
fective date is listed, the date must b days after the date of filing.)	pe specific and cannot be more than five busines	s da
g,		

(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.)

James Rounds
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)