

L13 000134599 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

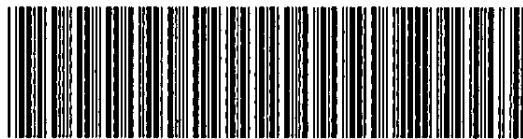
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W13-46921

Office Use Only



500250885225

EFFECTIVE DATE 11-13

08/21/13--01013--003 **130.00

FILED
2013 SEP 23 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 24 2013

EXAMINER

Attn: Barbara
(850) 245-6051

REF #: W1300046921

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Linda Thomas Insurance, 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:

Linda Thomas

Name of Person

Linda Thomas Insurance

Firm/Company

8404 SW 28th Place

Address

Gainesville, FL 32608

City/State and Zip Code

lindaathomas1@gmail.com

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

For further information concerning this matter, please call:

Linda Thomas

Name of Person

at **352 214-8010**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

already sent in

- \$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

RECEIVED
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Linda Thomas Insurance 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:

105 SW 140th Ct, Suite 1, Jonesville, FL 32669

Mailing Address:

8404 SW 28th Pl, Gainesville, FL 32608

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:

Linda Thomas

Name

8404 SW 28th Place

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

Gainesville, 32608

FL

City, State, and Zip

2013 SEP 23 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

Linda Thomas

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGR

Linda Thomas

8404 SW 28th Place

Gainesville, FL 32608

MGRM

Paul Ferraro

8404 SW 28th Place

Gainesville, FL 32608

MGRM

Ranson Thomas

1221 C SW 16th Ave

Gainesville, FL 32601

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/1/13 (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:

Linda Thomas
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.)

Linda Thomas
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2013

LINDA A. THOMAS
8404 SW 28TH PLACE
GAINESVILLE, FL 32608

SUBJECT: LINDA THOMAS INSURANCE, LLC
Ref. Number: W13000046921

2013 SEP 23 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LINDA THOMAS INSURANCE, 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.

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 913A00020127