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(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:	
Masley Nagerstrom	
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SECRETARY OF STATE
SECRETARY OF FLORIBA

JAN 14 2015 N. CAUSSEAUX

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Thompson Orchards, LLC		
Name of Li	mited Liability Company	
The enclosed Articles of Organization and fee(s) a Please return all correspondence concerning this n	-	
Marley Hagerstrom		
	Name of Person	
Thompson Orchards, LLC		
	Firm/Company	
509 S Deerwood Ave		
	Address	•
Orlando, FL 32825		
	City/State and Zip Code	
marleyh@msn.com E-mail address: (to be use	ed for future annual report notifica	ation)
For further information concerning this matter, ple	ease call:	
Mariey Hagerstrom at (407 704-9985	
Name of Person		lephone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ted Liability Company is:		
Thompson Orchard			<u>—</u>
((Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address a		cipal office of the Limited Liability Company is:	
Principal Office Add	lress:	Mailing Address:	
509 S Deerwood Av	ve	509 S Deerwood Ave	
Orlando, FL 32825		Orlando, FL 32825	
			
(The Limited Liability another business entit	stered Agent, Registered O Company cannot serve as it ty with an active Florida regi rida street address of the reg		ividual or
	Marley Hagerstrom		- m
		Name	930
	509 S Deerwood Ave	P. P	A PRISE
	Florida street address (P.	O. Box NOT acceptable)	
	Orlando	FL 32825	7
	City	Zip	
the place designat capacity. I further o	red in this certificate, I hereby agree to comply with the prov am familiar with and accept Registered gents	cept service of process for the above stated limited lia vaccept the appointment as registered agent and agre visions of all statutes relating to the proper and compl the obligations of my position as registered agent as Chapter 605, I.S	ee to act in this lete performance
1	(CON	· · · · · · · · · · · · · · · · · · ·	

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Marley Hagerstrom
	509 S Deerwood Ave
	مر در Orlando FL, 32825
	PC P
	[[[[]
	
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ffective date is listed, the date must be sp	of filing: 1//2016 (OPTIONAL) ecific and cannot be more than five business days prior to or
ffective date is listed, the date must be sp e of filing.)	of filing: 1//2016 (OPTIONAL) ecific and cannot be more than five business days prior to or
CLE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	of filing: 1//2016 (OPTIONAL) ecific and cannot be more than five business days prior to or
ffective date is listed, the date must be spec of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false infor	ecific and cannot be more than five business days prior to or the second
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ARTICLE IV-