(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

EFFECTIVE DATE 0/38/15



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3. BRUCE

COVER LETTER

	n of Corporations		
SUBJECT:	Thompson Name of Lin	Machine Lander Lander Liability Company	LC_
The enclosed Ar	ticles of Organization and fee(s) ar	e submitted for filing.	1 5 6
Please return all	correspondence concerning this m	atter to the following:	
	Richard -	Thomoson Name of Person	
	Thomps	Firm/Company	Q
——	172 Cer	1+ec 5+	
	01100	Fity/State and Zip Code	A LINE FEB - 3
The second secon	E-mail address: (to be use	om0500 Macd	
For further infor	mation concerning this matter, plea	ase call:	PH I2: 52
Richar	Name of Person at (Area Code Daytime Tele	1197 ephone Number
Enclosed is a ch	eck for the following amount:		
\$125.00 Filing	Fee \B\(\frac{1}{1}30.00\) 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)
を対象のはない。 を対象のは ・ Marina to the State of	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle
hands the state of			e e e e e e e e e e e e e e e e e e e

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Thompson Machine LCC
(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:
172 Center St	
Panacea FL 32346	

'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:

Richard Thom	<u> </u>	
Name		
164 Cent	er St	
Florida street address (P.O. Box N	IOT acceptable	e)
Parricea	FI FL	3234

Paracea FLFL 3234t

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 605, F.S..

Jan tha

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 01/28/15

	,	ARTICLE IV- The name and address of each person aut	thorized to manage and control the Limited Liability Company:	
	in the property of the propert	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Richard Thompson 164 Center St Panacea F232346	·
				To the second se
T.			of filing: 1-28-2015. (OPTIONAL) ecific and cannot be more than five business days prior to or 90 of	days after
Till Till Till Till Till Till Till Till		LE VI: Other provisions, if any.		
			2	·

Page 2 of 2