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TALLAHASSEE, FLORIDA

MJM

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Thomas Team Realty  
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:

Jeremy Thomas  
Name of Person

Remax Professionals - Thomas Team  
Firm/Company

4907-A NW 43rd St.  
Address

Gainesville, FL 32606  
City/State and Zip Code

JLACTHOMAS@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremy Thomas at ( 352 ) 665-3295  
Name 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 & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Thomas Team Realty LLC  
(Must end with the words "Limited Liability Company, "LLC.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4907-A NW 43rd St.  
Gainesville FL 32606

Mailing Address:

4907-A NW 43rd St.  
Gainesville FL 32606

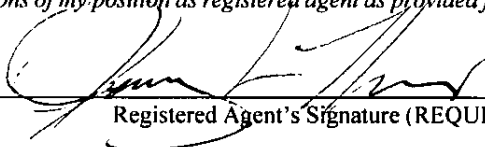
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Jeremy Thomas  
Name  
4907-A NW 43rd St.  
Florida street address (P.O. Box **NOT** acceptable)  
Gainesville FL 32606  
City State Zip

*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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

**Name and Address:**

Jeremy Thomas  
4907-A NW 43rd St.  
Gainesville FL 32606

Amber Thomas  
4907-A NW 43rd St.  
Gainesville FL 32606

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE**

Amber Thomas

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Amber Thomas

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 APR - 7 PM 3:48

P16 000033987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DEPARTMENT OF STATE  
16 APR 18 AM 11:06  
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TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 APR 18 AM 11:18  
04/18/16--01004--001 #76

MTK

COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

16 APR 18 AM 11:18

FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Bruce Trucking INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Cynthia L. Smith  
Name (Printed or Typed)

3951 Bombi Rd.  
Address

Crestview FL 32570  
City, State & Zip

520-210-1333  
Daytime Telephone number

Boatsunktadpoll@gmail.com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Bruce Trucking Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address  
3951 Bambi Rd.  
Crestview FL 32539

Mailing address, if different is:

3951 Bambi Rd.  
Crestview FL 32539

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Truck Driving

ARTICLE IV SHARES

The number of shares of stock is: 1

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TALLAHASSEE, FLORIDA  
16 APR 18 AM 11:18

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cynthia Smith OWNER Name and Title: \_\_\_\_\_

Address: 3951 Bambi Rd. Address: \_\_\_\_\_

Crestview FL.

32539

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Cynthia L. Smith  
Address: 3951 Bambi Rd.  
Crestview FL 32539

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Cynthia L. Smith  
Address: 3951 Bambi Rd.  
Crestview FL 32539

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TALLAHASSEE, FLORIDA  
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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Cynthia L. Smith  
Required Signature/Registered Agent

4-18-16  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

Cynthia L. Smith  
Required Signature/Incorporator

4-18-16  
Date