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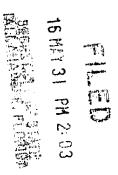
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

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Registration Section

TO:

Div	vision of Corporations			
SUBJECT:	THOMPSONVILLE RENTAL LI	LC		
		Limited Liabili	ty Company	
The enclosed	d Articles of Organization and fee(s) are submitted	for filing.	
Please return	n all correspondence concerning this	matter to the fe	ollowing:	
(CHRIS SANTE			
_		Name of	Person	
-		Firm/Co	npany	
Ī	P.O. BOX 373006			
_		Addre	ss	,
1	KEY LARGO, FL 33037			
C	SANTE@BELLSOUTH.NET	City/State and	Zip Code	
	E-mail address: (to be us	sed for future a	nnual report notificat	ion)
For further inf	formation concerning this matter, ple	ease call:		
C	CHRIS SANTE	305	451-5880	
	Name of Person	` 	Daytime Telephon	e Number
Enclosed is a	a check for the following amount:			
\$125.00 Fili	ng Fee \$130.00 Filing Fee & Certificate of Status		O Filing Fee & d Copy I copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	:	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing 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 Limited Liability Company is:	
THOMPSONVILLE RENTAL LLC (Must end with the words "Limited Liabili"	ty Company "LLC" or "LLC"
ARTICLE II - Address: The mailing address and street address of the principal office of	, , ,
Principal Office Address:	Mailing Address:
300 ATLANTIC DRIVE	P.O. BOX 373006
UNIT 10	KEY LARGO, FL 33037
KEY LARGO, FL 33037	
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.) The name and the Florida street address of the registered agent as	red Agent. You must designate an individual or
CHRIS SANTE	
Name	
300 ATLANTIC DRIVE, UN	NIT 10
Florida street address (P.O. 1	Box NOT acceptable)

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..

State

KEY LARGO

City

Registered Agent's Signature (REQUIRED)

33037

Zip

Page 1 of 2

(CONTINUED)

<u>litle:</u>		Name and Address:
	uthorized Member	
MGR" = Ma		CUDIC CANCER
MGRM		CHRIS SANTE
		P.O., BOX 373006 KEY LARGO, FL 33037
		KLT LARGO, FL 33037
MGRM		PAMELA SANTE
		P.O. BOX 373006
		KEY LARGO, FL 33037
MGR		MICHAEL STANLEY
		P.O. BOX 373006
		KEY LARGO, FL 33037
		
V: Effective tive date is I filing.) ne date insert	isted, the date must be spe ed in this block does not m	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 ect the applicable statutory filing requirements, this date will no
V: Effective effice date is I filing.) he date insert ent's effective	date, if other than the date disted, the date must be spe	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will no
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Page 2 of 2