L16000178264

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
(Document Number)
Certified Copies Certificates of Status
Consideration to Filipp Office
Special Instructions to Filing Officer:



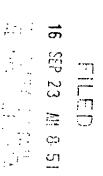


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16 SEP 23 PM 3: 1

C. GOLDEN SEP 2 6 2016



September 23, 2016

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 10175035 SO

Customer Reference 1: 30447.301

Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

James M. Thompson One, LLC (FL) Formation

Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	ompany is:				FILE	ED
James M. Thompson On	e, LLC			16	SEP 23	AK 8:51
(Must end with	the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	jī,	Talifiz Filipiz	
The mailing address and street addre	ess of the principal of	Tice of the Limited	Liability Company is:			
<u>Principal C</u>	Office Address:		Mailing Addres	<u>s</u> :		
57 Macuro Court Fort Myers, Florida 339	12		lacuro Court Myers, Florida 33912			
ARTICLE III - Registered Agent, (The Limited Liability Company can another business entity with an activ	not serve as its own	Registered Agent.		idual or		
The name and the Florida street add	ress of the registered	agent are:				
<u>.</u>	ames M. Thompson.	Jr. Name				
-	7 Macuro Court Florida street address	(P.O. Box <u>NOT</u> a	ceptable)			
<u>.</u> <u>.</u> <u>.</u>	ort Myers, Florida 3	3911				
	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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Citle:</u>	Name and Address:
'AMBR" ~ Authorized Member	
MGR" = Manager	James M. Thompson, In
MGR	James M. Thompson, Jr. 57 Macuro Court
	Fort Myers, Florida 33912
	Total Transport Control of the Contr
	illing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 o
CV: Effective date, if other than the date of fective date is listed, the date must be specifif filing.) the date inserted in this block does not meet then a seffective date on the Department of S	the applicable statutory filing requirements, this date will not l
EV: Effective date, if other than the date of fective date is listed, the date must be specififfiling.) the date inserted in this block does not meet	the applicable statutory filing requirements, this date will not l
CV: Effective date, if other than the date of fective date is listed, the date must be specific filing.) he date inserted in this block does not meet a date inserted in the Department of Sec. VI: Other provisions, if any. REQUIRED SIGNATURE:	the applicable statutory filing requirements, this date will not litate's records.
CV: Effective date, if other than the date of fective date is listed, the date must be specific filing.) he date inserted in this block does not meet a date inserted in the Department of Sec. VI: Other provisions, if any. REQUIRED SIGNATURE:	the applicable statutory filing requirements, this date will not litate's records.
EV: Effective date, if other than the date of fective date is listed, the date must be specifications, in the date inserted in this block does not meet then a seffective date on the Department of Security Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb	the applicable statutory filing requirements, this date will not litate's records.
CV: Effective date, if other than the date of fective date is listed, the date must be specification, he date inserted in this block does not meet tent's effective date on the Department of St. VI: Other provisions, if any. REOURED SIGNATURE: Signature of a memb This document is executed in a manuare that any false interests.	the applicable statutory filing requirements, this date will not litate's records.
EV: Effective date, if other than the date of fetive date is listed, the date must be specification.) The date inserted in this block does not meet tent's effective date on the Department of Security. EVI: Other provisions, if any. Signature of a memboration of the department of an aware that any false intronstitutes a third degree fellows.	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. in accordance with section 605.0203 (1) (b) partment of State ony as provided for in s.817.155. F.S.
EV: Effective date, if other than the date of fective date is listed, the date must be specifications,) he date inserted in this block does not meet thent's effective date on the Department of Security Other provisions, if any. REOURED SIGNATURE: Signature of a membor This document is executed if am aware that any false intronstitutes a third degree felloames M. Thompson	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. in accordance with section 605.0203 (1) (b) a partment of State ony as provided for in s.817.155. F.S.

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SCHEDULE C

INITIAL OFFICERS

ACCEPTANCE OF OPERATING AGREEMENT

PRESIDENT:

James M. Thomps of

SECRETARY: