# L14000 224707

(Red	questor's Name)			
(Add	ress)			
(Ada	tress)			
(Auc	11033)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
_	<del></del>	<del></del>		
(Bus	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
-	,			
Special Instructions to F	Filing Officer:			





600293231486

127976-338-312486s.00

16 DEC 13 PH 12: 03

2016 DEC 13 PH 3: 27

C. GOLDEN DEC 13 2016

# COVER LETTER

Division of Corp		•	
SUBJECT: <u>Jam</u>	Name of Limited Lia	Holdings, LLC	_
The enclosed Articles of C	Organization and fee(s) are submitt	ed for filing.	
Please return all correspon	ndence concerning this matter to th	e following:	
	Clayton	L Touchton	
Smith	Thompson Sho	W. Minacci, Colon	& Power, P.A
3520 7	homusville Rd 4th	dress	
	imes thompson Z		<u></u>
	-mail address: (to be used for futur	e annual report nonfication)	
For further information con	cerning this matter, please call:		
Clay Joued Name	of Person at (SS)	Daytime Telephone Number	_
Enclosed is a check for th	e following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & \$15. Certificate of Status	ified Copy Certificat onal copy is enclosed) Certified	Filing Fee, te of Status & Copy copy is enclosed)
New Fil Division P.O. Bo	z Address ling Section n of Corporations ox 6327 ssee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	FILED 2016 DEC 13 PH 3: 27 SECRETARIZED DE STATE

FILED

# ARTICLES OF ORGANIZATION 2016 DEC 13 PM 3: 27 OF SECRETARY OF DIVAGE TALLARASSEE, FLORIDA JAMES THOMPSON HOLDINGS, LLC

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

#### 1. NAME.

The name of the Limited Liability Company is **JAMES THOMPSON HOLDINGS**, **LLC** (hereinafter referred to as the "Company").

#### 2. PERIOD OF DURATION.

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

#### 3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

### 4. MAILING ADDRESS OF BUSINESS.

The mailing of the business in Florida for the Company is: **210 Rosehill Lane**, **Tallahassee**, **Florida 32312**. Such address may be changed from time to time as provided in the Operating Agreement.

# 5. <u>ADDRESS OF PLACE OF BUSINESS.</u>

The street address of the place of business in Florida for the Company is: 210 Rosehill Lane, Tallahassee, Florida 32312. Such address may be changed from time to time as provided in the Operating Agreement.

#### 6. **REGISTERED AGENT**.

The initial registered agent in Florida for the Company is: <u>SUSAN S. THOMPSON</u> and the initial, registered office is located at 3520 Thomasville Road, Fourth Floor, Tallahassee, Florida 32309.

# 7. MANAGEMENT.

The names and addresses of the persons authorized to manage and control the Limited Liability Company are as follows:

James L. Thompson 210 Rosehill Lane Tallahassee, Florida 32312

**EXECUTED** at Tallahassee, Leon County, Florida this  $\frac{12^{-47}}{12}$  day of December, 2016.

JAMES L. THOMPSON

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the limited liability company is **JAMES THOMPSON HOLDINGS**, LLC.
  - 2. The name of the registered agent and office is: <u>SUSAN S. THOMPSON</u> and the initial, registered office is located at <u>3520Thomasville Road</u>, Fourth Floor, Tallahassee, Florida <u>32309</u>.

#### **ACKNOWLEDGEMENT**

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

SUSAN'S. THOMPSON, Registered Agent

2016 DEC 13 PH 3: 27