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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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09/01/17--01016--002 **125.00

TALLAHASSEE, FLORID

ELLIOTT TAX & ADVISORY SERVICES LLC

Erica Elliott CPA

777 S. Flagler Drive Suite 800WEST West Palm Beach, FL 33401

561-598-9373 888-271-1780 Fax/VOIP ericaelliottepa@gmail.com

August 31, 2017

To Whom It May Concern,

Please find enclosed three new entities' articles of organization and filing fees:

- 1. Thoughtful.Enterprises LLC
- 2. BizBooks.Expert LLC
- 3. Edick & Elliott Group LLC

If you have any further questions, please don't hesitate to contact me at 561-598-9373.

Sincerely.

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Thoughful . Enterprises LLC (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:
ERICA ELLIOTT COA Name of Person
ELLIOTT TAX & ADVISORY SERVICES LLC. Firm/Company
777 S. FLAGLER DRIVE SUITE 800WEST
WEST PALM REACH FL 33401 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ERICA ELLIOTT at (561) 598-9373 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{Certificate of Status}\$\$155.00 Filing Fee & Certificate of Status & Certific
Mailing Address New Filing Section New Filing Section
New Filing Section New Filing Section Division of Corporations Division of Corporations

Division of Corporation: 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:	
THOUGHTFUL. ENTER	
ARTICLE II - Address: The mailing address and street address of the principal office of the C/O ERICA ELLIOTT CPA Principal Office Address:	ne Limited Liability Company is:
Principal Office Address:	Mailing Address:
777 S. FLAGLER DR, 800WEST	PU BOX 581
W. PALM BACH FL 33401	WEST PALM BEACH FL 33402-USE
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	ered Agent's Signature: ed Agent. You must designate an individual or
The name and the Florida street address of the registered agent are	2:
ERICA ELLIOT Name	T CP4
777 S. FLAGLER	DR. 800 WEST

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..

Florida street address (P.O. Box NOT acceptable)

W. Palm Beach City

(CONTINUED)

egistered Agent's Signature (REQUIRED)

- "AMBR" $=$ A	Name and Address: uthorized Member	
"MGR" = Ma AmBi	nager	
	201 S. NARCISSUS AVE. # 704 West Palm Bach FL 33401	
AMBR	JOCELYN EDICK	_
	841 BUTTON WOOD RD. NORTH PALM REACH FL 33408	<u> </u>
	TOWN THE DESIGN TO SOLOR	
flise attachme		
LE V: Effective	e date, if other than the date of filing: 9/1/2017. (OPTIONAL) isted, the date must be specific and cannot be more than five business days prior to c	or 90 days :
LEV: Effective flective date is lee of filing.) If the date insert	e date, if other than the date of filing:	
LE V: Effective ffective date is I e of filing.) If the date insert ument's effective	e date, if other than the date of filing:	
LE V: Effective ffective date is I of filing.) If the date insert ument's effectiv LE VI: Other pr	e date, if other than the date of filing:	
LE V: Effective ffective date is to e of filing.) If the date insert ument's effective LE VI: Other pr	e date, if other than the date of filing:	Il not be lis
LE V: Effective ffective date is to e of filing.) If the date insert ument's effective LE VI: Other pr	e date, if other than the date of filing:	Il not be lis

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

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)