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cover sheet. To: Division of Corporations : (850)617-6381 Fax Number Eron: Account Name : W. KEVIN RUSSELL, P.A. Account Number : 120050000181 : (941)429-1871 Phone : (941)429-8961 Fax Number \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* FLORIDA LIMITED LIABILITY CO. CARLEEN THOMPSON, LLC Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge \$125.00

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# ARTICLES OF ORGANIZATION OF CARLEEN THOMPSON, LLC, A LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles of Organization hereby certifies that:

#### ARTICLE I - NAME

The name of the limited liability company (hereinafter referred to as the "Company") is:

## CARLEEN THOMPSON, LLC

**ARTICLE II – ADDRESS** 

The mailing and street address of the principal office of the Company is: 17348 Sabrina Circle, Port Charlotte, FL 33948

## **ARTICLE III - REGISTERED AGENT**

The name and the Florida street address of the initial registered agent is: Joseph E. Trott, 17348 Sabrina Circle, Port Charlotte, FL 33948

# ARTICLE IV – MANAGEMENT AND ORGANIZING MEMBER

The Company shall be managed by the Members. The Organizing Member of the Company is: Joseph E. Trott, 17348 Sabrina Circle, Port Charlotte, FL 33948

### **ARTICLE V - MEMBERS**

The names and addresses of the Members of the Company are:

Joseph E. Trott, 17348 Sabrina Circle, Port Charlotte, FL 33948

Jennifer Trott, 17348 Sabrina Circle, Port Charlotte, FL 33948

### **ARTICLE VI - LIMITATION ON AGENCY AUTHORITY OF MEMBERS**

Pursuant to Section 605 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to by my act this 3\5\cdot day of January, 2019.

Joseph E. Trott, Organizing Member

In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

From: 02/01/2019 13:43 #141 P.003/003

# STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT OF CARLEEN THOMPSON, LLC

I hereby accept the designation as registered agent to accept service of process for the above-stated limited liability company at the place designated in this statement. My street address is 17348 Sabrina Circle, Port Charlotte, FL 33948. 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 under Chapter 605, Florida Statutes.

Joseph V Trott 17348 Sabrina Circle Port Charlotte, FL 33948 Registered Agent

