

L22000528891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

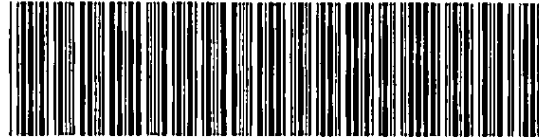
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800398641708

12/12/12--01044--019 \*\*155.00

SECRETARY OF STATE  
TALLAHASSEE, FL 32307

22 DEC 12 PM 9:21

FILED

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Kit Thomas CPA PLLC  
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:

Kit Thomas

Name of Person

Kit Thomas CPA

Firm/Company

7901 4th St N STE 300

Address

St. Petersburg FL 33702

City/State and Zip Code

kit@kitthomascpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kit Thomas 201 674-1491  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee  
☐ \$130.00 Filing Fee & Certificate of Status  
☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

22 DEC 12 PM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FL 32303

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kit Thomas CPA PLLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "Li.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7901 4th St N, STE 300

St. Petersburg, FL 33702

Mailing Address:

7901 4th St N, STE 300

St. Petersburg, FL 33702

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Northwest Registered Agent LLC

Name

7901 4th St N, STE 300

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

St. Petersburg

FL

33702

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.

Ton Glave

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
22 DEC 12 PM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Kit Thomas

7901 4th St N, STE 300

St. Petersburg, FL 33702

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

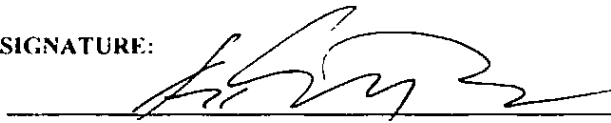
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

Kitwana Thomas

Typed or printed name of signee

**Filing Fees:**

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

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

FILED  
22 DEC 12 PM 9:21  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Statement of Purpose for Kit Thomas CPA PLLC

The purpose of this business is to provide tax and accounting service which include, but not limited to tax preparation, bookkeeping, payroll services, tax planning and business support/consulting.

**FILED**  
22 DEC 12 PM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA