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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : BUSINESS FILINGS Account Number: 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501

LIMITED LIABILITY COMPANY

Thornton Financial LLC

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$155.00 DIVISION OF CORPORATION

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12/16/2003

ARTICLES OF ORGANIZATION OF Thornton Financial LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Thornton Financial LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 3415 Clydesdales Ave., Holiday, Florida 34691.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRES

The name and address of the initial registered agent is: James Thornton, 3415 Clydesdales Ave., Holiday, Florida 34691. Located in the County of Pasco.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2043.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

James Thornton, 3415 Clydesdales Ave., Holiday, Florida 34691 Karim Kharroubi, 5705 Erhardt Drive, Riverview, Florida 33569

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717 (608) 827-5300

FAX AUDIT # 40.3000 33 40074

HO3000 3366074

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED 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.

The name of the limited liability company is: Thornton Financial LLC

The name and address of the registered agent and office is: James Thornton, 3415 Clydesdales Ave., Holiday, Florida 34691. Located in the County of Pasco.

Having been named as registered agent and to accept service of process for the above stated 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.

LORIDA

Signature:

James Thornton

Date: December 9, 2003

FAX AUDIT # 1030003366674