

L04000015114

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(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THANE SCHMADEKE 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:

THANE SCHMADEKE  
(Name of Person)

THANE SCHMADEKE, GENERAL CONTRACTOR  
(Firm/Company)

3028 SW CEDAR TRAIL  
(Address)

PALM CITY, FL. 34990  
(City/State and Zip Code)

For further information concerning this matter, please call:

THANE SCHMADEKE at (772) 221-7488 R.  
(Name of Person) (Area Code & Daytime Telephone Number)  
561-248-0602 C.

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DIVISION OF CORPORATIONS  
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**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 4, 2004

THANE SCHMADEKE  
3028 S.W. CEDAR TRAIL  
PALM CITY, FL 34990

SUBJECT: THANE SCHMADEKE LLC  
Ref. Number: W04000004727

We have received your document for THANE SCHMADEKE LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$160.00.

Please note that although you have marked the fee schedule on the form you submitted with the notes "All" and "\$160 - Paid," no check arrived with your document.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 304A00007417

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DIVISION OF CORPORATIONS  
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THANE SCHMADEKE LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

3028 SW CEDAR TRAIL  
PALM CITY, FL. 34990  
\_\_\_\_\_

**Mailing Address:**

3028 SW CEDAR TRAIL  
PALM CITY, FL. 34990  
\_\_\_\_\_

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

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


THANE SCHMADEKE  
Name

3028 S.W. CEDAR TRAIL  
Florida street address (P.O. Box **NOT** acceptable)

PALM CITY, FLORIDA 34990  
City, State, and Zip

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*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 608, Florida Statutes..*

  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

THANE SCHMADEKE  
3028 S.W. CEDAR TRAIL  
PALM CITY, FLORIDA 34990

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

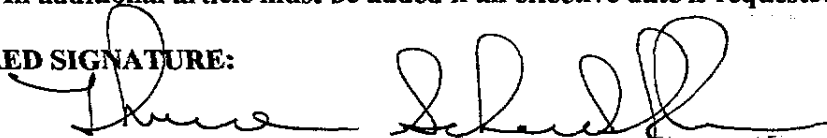
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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

THANE SCHMADEKE

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

\$160 - PAID

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