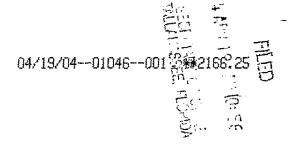
L04000030841

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
,		
Ę.		

Office Use Only



700032950977



104-30841

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: THUNDER ROAD ADVISORS, 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:	· <u> </u>
MICHAEL LAPAT	
(Name of Person)	
LAW OFFICE OF MICHAEL LAPAT	H.C.
(Firm/Company)	50%
3300 UNIVERSITY DRIVE, SUITE 311	· 一克·
(Address)	
CORAL SPRINGS, FLORIDA 33065	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
KRISTINE COBBAN at (954) 345-6442	
(Name of Person) (Area Code & Daytime Telephone Number	r)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
THUNDER ROAD ADVISORS, LLC				
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
6453 South Orange Avenue, Suite 4	6453 South Orange Avenue, Suite 4			
Orlando, Florida 32809	Orlando, Florida 32809			
· · · · · · · · · · · · · · · · · · ·				
• · · · · · · · · · · · · · · · · · · ·	RIDA RIDA			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:				
Kenneth Mueller, Manager	<u>and and the second sec</u>			
Name				
6453 South Orange Avenue, Suite 4 Florida street address (P.O. Box				
Orlando City, State, and Zip	FLORIDA 32809			

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..

egistered Agent's Signature

Page 1 of 2 (CONTINUED)

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:
MGR	Kenneth Mueller 6453 South Orange Avenue, Suite 4 Orlando, Florida 32809
	
	A
	See Constitution of the Co
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	·
(In accordance with section 608.4	thorized representative of a member. 08(3), Florida Statutes, the execution firmation under the penalties of perjury e.)

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

Kenneth Mueller

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee