

W4000073541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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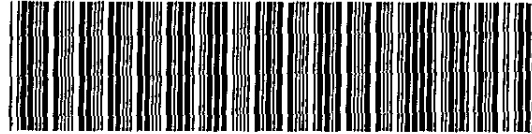
(Business Entity Name)

(Document Number)

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04 OCT - 9 PM 12:31
TALLAHASSEE, FLORIDA

W4-73541
JL

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thunder Innovations, 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:

Paul M. Pulcini
(Name of Person)

(Firm/Company)

3225 S. Macdill Ave. #129105
(Address)

Tampa, FL 33629
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL M. PULCINI
(Name of Person)

at (813) 998-0874
(Area Code & Daytime Telephone Number)

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

ST. JOHN OF SA.
TALLAHASSEE, FLORIDA

01/02/98 09:12:31

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Thunder Innovations, LLC

ARTICLE II - Address:

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

Principal Office Address:

3225 S. Macdill Ave

#129105

Tampa, FL 33629

Mailing Address:

3225 S. Macdill Ave

#129105

Tampa, FL 33629

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

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

Paul M. Pulcini

Name

3225 S. Macdill Ave #129105

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

Tampa, FL 33629

City, State, and 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 608, Florida Statutes.

Paul Pulcini

Registered Agent's Signature

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04-01-09 PM 4:08
TALAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

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

Paul Pulcini
3225 S. Macdill Ave #129105
Tampa, FL 33629

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Paul Pulcini

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.)

Paul M. Pulcini

Typed or printed name of signee

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)

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01 OCT - 2 2012:31
TALLAHASSEE, FLORIDA