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(Requestor's Name)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDLAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT: <u>TRICIA TADLOCK</u>

DATE: <u>12-28-04</u>

REF. #: 001260.33295

CORP. NAME: THAER FAEQ SABLA, LLC

- (\cdot) ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT
- () ANNUAL REPORT
- () FOREIGN QUALIFICATION
- () REINSTATEMENT
- () CERTIFICATE OF CANCELLATION
- () OTHER:

() TRADEMARK/SERVICE MARK () FICTITIOUS NAME () LIMITED PARTNERSHIP (XX) LIMITED LEABL



() MERGER

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

____ COST LIMIT: \$_____

PLEASE RETURN:

() CERTIFIED COPY () CERTIFICATE OF GOOD STANDING

(XX) PLAIN STAMPED COPY

() CERTIFICATE OF STATUS

Examiner's Initials

FILEL PH 2: 1



() ARTICLES OF DISSOLUTION









Glenda E. Hood Secretary of State

December 29, 2004

CORPDIRECT AGENTS

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

TALLAHASSEE, FL

SUBJECT: THAER FAEQ SABLA, LLC Ref. Number: W04000047336

We have received your document for THAER FAEQ SABLA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

R.A. must have a Florida street address.

Please return your document, along with 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) 245-6914.

Buck Kohr Document Specialist

Letter Number: 304A00071852

in in

ARTICLE I - Name:

The name of the Limited Liability Company is:

THAER FAEQ SABLA, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4625 N BROOKLYN AVE

KANSAS CITY, MO 64116

4625 N BROOKLYN AVE

KANSAS CITY, MO 64116

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

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

<u>Lichard</u> Name 5453 n. J Florida street address (P.O. Box **NOT** acceptable) lampa FI 336:10

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

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

MGRM

Name and Address:

THAER FAEQ SABLA

4625 N BROOKLYN AVE

KANSAS CITY, MO 64116

(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.)

THAER FAEQ SABLA

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)