

LD5000015184

BLUMBERG/EXCELSIOR  
Division of Corporations

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August 2004

Florida Department of State  
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To: Division of Corporations  
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From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

LIMITED LIABILITY COMPANY  
THRIVE, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THRIVE, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**2499 GLADES RD STE #109BOCA RATON FL 33431**Mailing Address:**2499 GLADES RD STE #109BOCA RATON FL 33431**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

ROSS KUFLIK

Name

2499 GLADES RD STE #109Florida street address (P.O. Box **NOT** acceptable)BOCA RATONFLORIDA 33431

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..*



Registered Agent's Signature

BlumbergExcelSior Corporate Services, Inc.  
62 White Street, NYC 10013  
(212)431-5000

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**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

ROSS KUFLIK

2499 GLADES RD STE #109

BOCA RATON FL 33431

(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.)

ROSS KUFLIK, MEMBER

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)

BlumbergExcelsior Corporate Services, Inc.

62 White Street, NYC 10013

(212)431-5000

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