

L 05000118501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

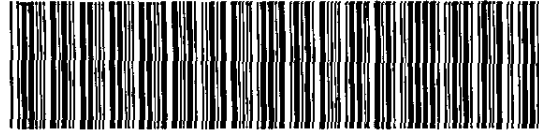
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/05/05- 0100:00:00 **PICKUP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC -5 PM 12:55

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12/2/13/05

18

LAW OFFICES
PAYNE & JONES
CHARTERED

CAMILA S. PETERS, PARALEGAL
CPETERS@PAYNEJONES.COM

COLLEGE BOULEVARD AT KING
11000 KING
P. O. BOX 25625
OVERLAND PARK, KS 66225-5625
(913) 469-4100
TELECOPIER: (913) 469-8182

3145 BROADWAY
KANSAS CITY, MO 64111
(816) 960-3600

November 29, 2005

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Thyer Marketing & Merchandising Group, LLC


Dear Sir or Madam:

Enclosed please find Articles of Organization being filed on behalf of the above entity. Also enclosed is a check in the amount of \$155.00 to cover the requisite filing fee.

Please return the filed Articles of Organization to the undersigned at the above address.

If you have any questions concerning this filing, please feel free to contact me.

Yours very truly,


Cammy Peters
Paralegal
for Payne & Jones, Chartered

csp
Enclosures
cc: Thyer Marketing & Merchandising Group, LLC

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05 DEC -5 PM 12:55
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THYER MARKETING & MERCHANDISING GROUP, 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:

THOMAS K. JONES

(Name of Person)

PAYNE & JONES, CHARTERED

(Firm/Company)

P.O. BOX 25625

(Address)

OVERLAND PARK, KS 66225-5625

(City/State and Zip Code)

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05 DEC -5 PM 12:55
TALLAHASSEE, FLORIDA
STATE

For further information concerning this matter, please call:

THOMAS K. JONES

(Name of Person)

at (913) 469-4100

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THYER MARKETING & MERCHANDISING GROUP, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

690 ISLAND WAY, #805
CLEARWATER, FL 33767

Mailing Address:

140 ISLAND WAY, #285
CLEARWATER, FL 33767

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

GARY S. THYER

Name

140 ISLAND WAY, #285

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

CLEARWATER FL 33767

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, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE

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

GARY S. THYER

140 ISLAND WAY, #285

CLEARWATER, FL 33767

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

GARY S. THYER

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
05 DEC 2005
PM 12:55
TALLAHASSEE, FLORIDA
CLERK OF STATE