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Florida Department of State

Division of Corporations Public Access System

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to:

Division of Corporations

Fax Number

: (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255 Phone : (305)634-3694 fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

THUNDER INTERIORS DESIGN & SERVICES LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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EMP I RE

January 25, 2006

FLORIDA DEPARTMENT OF STATE Division of Corporations

EMPIRE

SUBJECT: THUNDER INTERIORS DESIGN & SERVICES LLC

REF: W06000003646

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The corporate name was cut off on the right side margin. Please make the name smaller so it will fit on the space provided and also does Mr. Varela want to be a Manager or Managing Member?

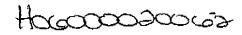
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Neysa Culligan Document Specialist

FAX Aud. #: H06000020062 Letter Number: 806A00005316

P.O BOX 6327 - Tallahassee, Florida 32314



(m)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THUNDER ARTICLE II. Address:	Interiors D	esian á
ARTICLE II - Address: The mailing address and street address of the mailing address and street address and street address of the mailing address and street address		
Principal Office Address: 2557 TRAP Sec.	Mailing Address:	
ARTICLE III - Registered Agent, Regist The name and the Florida street address of	the registered agent are:	~
2557 Florida stree	VAICIQ Name TICARD Ave. et address (P.O. Box NOT acceptable) F/FL 33/33	FILED 06 JAN 25 AM 10: 05 SECRETARY OF STATE ALLAHASSEE, FLORIDA
City, St Having heavy variet as zenistared agent and	tate, and Zip	

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..

Registeren Asint's Signature

(CONTINUED)

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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:
W	

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Signature of a member or his sythorized 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.)

Henry Onelo
Typed or printed name of signee

Filing Fces:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- S 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

Page 2 of 2

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TALLAHASSEE, FLORIDA

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