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SECRETARY OF STATE
AND ANY SEFE. FLORID

D. BRUCE

MAY 1 4 2008

EXAMINER

COVER LETTER

TO:	Registration Division of C			
SUBJE	СТ:	THENNEK L	LLC. iability Company)	
The enc	losed Articles	of Organization and fee(s) are subm	nitted for filing.	
Please r	eturn all corres	pondence concerning this matter to	the following:	
		Car + ATT	1110	
-		Nam	4 PC ne of Person)	
•••		/Firm	n/Company)	
		(1 111)	or company)	O8
	<u> </u>	722 W.M.L.	KING JR. BLUD	
		(,	Address)	NSS NASS
		TAMPA FL	A 33603	
_		(City/Sta	te and Zip Code)	
For furti	her information	concerning this matter, please call	KING TR. BLVD Address A 33603 te and Zip Code :	AIF RIDA
GA	DRY AR	THUR at ((813) 22/812 (Area Code & Daytime Telephone	2
	(Nam	e of Person)	(Area Code & Daytime Telephone	Number)
Enclose	ed is a check t	for the following amount:		
		\$130.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy is enclosed) Certified Copy is enclosed)	0.00 Filing Fee, tificate of Status & tified Copy itional 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

s:
LLC.
bility Company, "L.L.C.," or "LLC.")
principal office of the Limited Liability Company is:
Mailing Address:
SANE
registered agent are: OTH UR o PASS RD. Iddress (P.O. Box NOT acceptable) FL 33706 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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Ma "MGRM" = 1	anager Managing Member	Name and Address:
MG	RM	GARY K. ARTHUR
		GARY K. ARTHUR 9425 BLIND PASS RD. ST. PETE BEACH FL 33706
		ST. PETE BEACH FO 33706
*		
CLE V: Effect		ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
CLE V: Effect effective date is 0 days after th	ive date, if other than th s listed, the date must l	
CLE V: Effect effective date is 0 days after th	ive date, if other than the slisted, the date must be date of filing.) SIGNATURE:	be specific and cannot be more than five business days prior
CLE V: Effect effective date is 0 days after th	ive date, if other than the slisted, the date must be date of filing.) SIGNATURE:	be specific and cannot be more than five business days prior
CLE V: Effect effective date is 0 days after th	ive date, if other than the slisted, the date must be date of filing.) SIGNATURE: Signature of a member of a mem	be specific and cannot be more than five business days prior The control of the

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)

ARTICLES OF ORGANIZATION THENNEK – LLC,

Thennek LLC is a single member limited liability company whose purpose is to conduct business in the State of Florida.

Upon the death of the managing single member the company and its assets, including all copyrights assigned to it shall be passed to the wife of Gary Kenneth Arthur or, if she is deceased, to his two children in the in equal shares.

Managing Member

Date: 5-7-08

SECRETARY OF STATE