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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						

Special Instructions to Filing Officer:

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EXAMINER

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05/21/09--01021--010 **155.00

09 MAY 21 AM 8: ñl Secretary of State Tallahassee florida

COVER LETTER

TO:	Registration Section Division of Corporatio	ns				
SUBJI	ECT:	THAMK	A EN	ΓERP	RISES L	LC
0020		Name of Limi	ted Liab	ility Con	npany	
The en	closed Articles of Organiz	ation and fee(s) are	submitt	ed for fil	ing.	
Please	return all correspondence	concerning this ma	tter to th	e followi	ing:	
	Hortenze H. Harrison					
			Name o	of Person		
	Firm/Company 6877 120th Ave. North					
Address						
	West Palm Beach/ Florida/33412 City/State and Zip Code					2
	F-mail	address: (to be used	for future	onnual m	encet notificati	(20)
For fur	ther information concerning	·		amioai r	cport nouncau	ou)
	Hortenze H. Ha	ırrison	_ at (954 Area Co) de & Daytime	830-9422 Telephone Number
Enclos	ed is a check for the foll	lowing amount:				
]\$ 125.	00 Filing Fee \$130. Certif	.00 Filing Fee & ficate of Status	Ce	rtified C	ling Fee & Copy opy is enclosed	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Registr Divisio P.O. B	g Address ation Section on of Corporations ox 6327 assee, FL 32314		Registre Division Clifton 2661 E	Courier Add ation Section on of Corpora Building executive Cen	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

	OR FLORIDA LAMITED LAADILATT COMFA	11				
ARTICLE I - Name: The name of the Limited Liability Compa	iny is:					
THAMKA EN	TERPRISES LLC					
(Must end with the words "Limite	d Liability Company," "L.L.C.," or "LLC.")					
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Compan	y is:				
Principal Office Address:	Mailing Address:					
6877 120th Ave. North	6877 120th Ave. North					
Nest Palm Beach	West Palm Beach					
Florida 33412	Florida 33412					
The name and the Florida street address o	ze H. Harrison Name					
6877 12	20th Ave. North					
Florida street addres	s (P.O. Box NOT acceptable)					
West Palm Beach	12					
City, S	State, and Zip					
liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and complete accept the obligations of my position a	nd to accept service of process for the above stated limed in this certificate, I hereby accept the appointment appacity. I further agree to comply with the provisions of lete performance of my duties, and I am familiar with a sergistered agent as provided for in Chapter 608, F.S. Signature (REQUIRED)	rs of all and				
	O9 HAY ALLAH					

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Hortenze H. Harrison
	6877 120th Ave. North
	West Palm Beach Florida 33412
MGRM	Norman K. Murray
	6877 120th Ave. North
	West Palm Beach Florida 33412
	
	
(Use attachment if necessary)	
TICLE V: Effective date, if other than th	ne date of filing: (OPTIONAL)
an effective date is listed, the date must or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Allan
Signature of a memb	per or an authorized representative of a member.
(In accordance with s of this document con that the facts stated h	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
	Hortenze H. Harrison
	yped 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)

09 MAY 21 AM 8: Öl