

L10000045268

(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:

Office Use Only



600176762756

04/26/10--01022--021 \*\*155.00

FILED  
10 APR 26 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. O'Connell APR 28 2010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THALMAN PROPERTIES, 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:

DAVID R. YORK, ESQ.

Name of Person

CALLISTER NEBEKER & McCULLOUGH

Firm/Company

2180 SOUTH 1300 EAST, SUITE 600

Address

SALT LAKE CITY, UTAH 84106

City/State and Zip Code

DYORK@CNMLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID R. YORK, ESQ.

Name of Person

at ( 801 ) 530-7391

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

THALMAN PROPERTIES, LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

2783 NORTHEAST 5TH STREET  
POMPANO BEACH, FL 33062

**Mailing Address:**

2783 NORTHEAST 5TH STREET  
POMPANO BEACH, FL 33062

**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:

TERRANCE N. PRICE

Name

2783 NORTHEAST 5TH STREET

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

POMPANO BEACH FL 33062

City, State, and Zip

FILED  
10 APR 26 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

**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:**

**MGR**

**TERRANCE N. PRICE**

2783 NORTHEAST 5TH STREET

POMPANO BEACH, FL 33082

**MGR**

**LESA PELTON**

**2783 NORTHEAST 5TH STREET**

POMPANO BEACH, FL 33062

(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.)

**TERRANCE N. PRICE**

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)**

Page 2 of 2