

4/30/2010

Division of Corporations

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mkorziak@earthlink.net

FLORIDA LIMITED LIABILITY CO.

Thunder N Lightning Delivery Service LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

G. MCLEOD

MAY - 3 2010

EXAMINER

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR 30 AM 10:27

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10 APR 30 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000105359

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Thunder N Lightning Delivery Service LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

965 Candlelight Boulevard

965 Candlelight Boulevard

Brooksville, FL 34601

Brooksville, FL 34601

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

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

Michael J. Korciak

Name

965 Candlelight Boulevard

(P.O. Box or Mail Drop Box NOT Acceptable)

Brooksville, FL 34601

(City / State / 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 - Michael J. Korciak

10 APR 30 AM 10:27

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

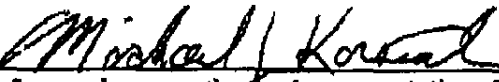
Name and Address:

MGRM

Michael J. Korsiak - 965 Candlelight Boulevard, Brooksville, FL 34601

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Michael J. Korsiak

Typed or printed name of signee