111000009444

questor's Name)	
dress)	
dress)	<u>.</u>
y/State/Zip/Phone	=====================================
WAIT	MAIL
siness Entity Nan	ne)
cument Number)	
Certificates	of Status
Filing Officer:	
,	
	dress) dress) //State/Zip/Phone WAIT siness Entity Nan cument Number) Certificates

Office Use Only



800192092558

01/21/11--01026--024 **155.00

B. KOHR

JAN 2 6 2011

EXAMINER

SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

	on Section f Corporations		
SUBJECT: The	elios LLC.		
	Name of Limited L	iability Company	
The enclosed Articl	es of Organization and fee(s) are subr	mitted for filing.	
Please return all cor	respondence concerning this matter to	o the following:	3 3 3 3 3 3 3 3 3 3
<u>Micha</u>	el J. Penna	AD	1 JAN 2 M 10:00
	Nai	me of Person	- E
	Fir	m/Company	
6019	MacBeth Lane		
		Address	
Fort My	ers FI, 33908		
manann	·	ate and Zip Code	
mpenna	a2@hotmail.com E-mail address: (to be used for fi	uture annual report notification)	
For further information	tion concerning this matter, please cal	11:	
Michael J. F	Penna at	(786) 303-508	
N	ame of Person	Area Code & Daytime Tele	ephone Number
Enclosed is a chec	k for the following amount:		
]\$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (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 Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
Thelios LLC.	
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6019 MacBeth Lane	PO Box 771226
Fort Myers, FL 33908	Naples FI, 34107
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature:
The name and the Florida street address	of the registered agent are:
Michael J. Per	
	Name G 27
0040 14 5	N (1 1)

6019 MacBeth Lane

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

Fort Myers

_{FL} 33908

City, State, 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)

(CONTINUED)

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Men	Name and Address:
MGR	Michael J. Penna 6019 MacBeth Lane Fort Myers FI, 33908
(Use attachment if necessar	y)
LE V: Effective date, if othe fective date is listed, the da days after the date of filing	er than the date of filing: (OPTIONAte must be specific and cannot be more than five business days,)
LE V: Effective date, if othe fective date is listed, the da days after the date of filing REQUIRED SIGNATUR	er than the date of filing: (OPTIONAte must be specific and cannot be more than five business days,)

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)