## #1/1000/09728

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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EXAMINER
SEP 26 2011

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: nkthreads  Name of Limited Liability Company
Name of Elimica Blability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Karen Lindenbaum  Name of Person
Name of Person
nkthreads
Firm/Company
11793 preservation lane
Address
boca raton fl·33498
City/State and Zip Code
nkthreads9gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
nicole ruderman at (646 ) 872-3570
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
25.00 Filing Fee & Certificate of Status  S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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 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:	
nkthreads 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: Mailing Address:	
1793 Preservation lane boca ration fl 33498	
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:	
Karen Gindenbaum	-11
11793 Preservation Cane Florida street address (P.O. Box NOT acceptable)	ILEU
Boca Rotton FL 33496 City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.	ali
Karentindenson	)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGRM"	Karen Indentaum 11793 preservation Jour 1000 g ration fl 334
MGRM"	MICOLE ruderman 2451 NW 6219 Street Boxalatin, FC 33496
<del></del>	
EV: Effective date, if other than ective date is listed, the date mus	the date of filing: (OPTIO
EV: Effective date, if other than ective date is listed, the date mus lays after the date of filing.)	
ective date is listed, the date mus days after the date of filing.)  REQUIRED SIGNATURE:	t be specific and cannot be more than five business

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

of Registered Agent

\$125.00 Filing Fee for Articles of Organization and Designation