

L12000074624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

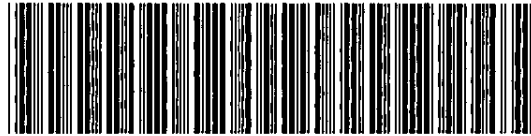
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JUN 5 - 2012

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUN -4 PM 12:47

FILED

L12-25474



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2012

BRADLEY LOEWEN
5401 SOUTH KIRKMAN RD STE 310
ORLANDO, FL 32819

SUBJECT: THRIVE RESPONSE, LLC
Ref. Number: W12000025476

We have received your document for THRIVE RESPONSE, LLC and your check(s) totaling \$190.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Gina McLeod
Regulatory Specialist II

Letter Number: 712A00013740

**Articles of Organization
For
Thrive Response, LLC
Florida Limited Liability Company**

ARTICLE I - Name:

The name of the Limited Liability Company is Thrive Response, LLC

ARTICLE II - Address:

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

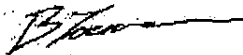
5401 South Kirkman Rd.
Suite 310
Orlando, FL 32819

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

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

Bradley Loewen
5401 South Kirkman Rd.
Suite 310
Orlando, FL 32819

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.



Bradley Loewen, Registered Agent

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Bradley Loewen
5401 South Kirkman Rd. Suite 310
Orlando, FL 32819



Meghan Record, Organizer

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TALLAHASSEE, FLORIDA