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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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2012 NOV -8 PH 1: 59
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

FILED

J. BRYAN
NOV - 8 2012
EXAMINER

COVER LETTER

Division of Co			
SUBJECT:	read and Name of Limit	Thrum Buur ed Liability Company	tique (LIC)
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
(Sennifer	Ivan	
		Name of Person	FIS E
			2 NO
		Firm/Company	-8 -8
1033	5 old may	anolia Cove	PR SEE.
	(Address	To: -
Ann 4	eka, Fl	32 7/2 y/State and Zip Code	TATE ORION
	_		
Thread	F-mail address: (to be used to	for future annual report notification)	
For further information	concerning this matter, please	·	
Sennifer	- Tran	at (407) LS3 -	- 2644 hone Number
Name	or reison	And Code & Dayanie Telep	None Number
Enclosed is a check for	or 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 Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Thread and Three (Must end with the words "Limited Liability	ity Company, "L.L.C.," or "L.C.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1035 old Magnolia Come Apopka, FR 32712	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Jenniter	Tran BE
Florida street add	ress(P.O. Box NOT acceptable) FL 3Q 7/2 ate, and Zip
liability company at the place designated in the registered agent and agree to act in this capacall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S.
Registered Agent's Signat	ure (EOURED)
(CONTIN	UED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MBR	Jenniter Ivan 1035 old magnolineare APDAKA, F-L. 32712
	2012 NOV
(Use attachment if necessary)	ASSEE PASSEE
F. V. Effective data if other than the	
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)	t be specific and cannot be more than five business of
ffective date is listed, the date must	
ffective date is listed, the date must or 90 days after the date of filing.)	
ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	
or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	t be specific and cannot be more than five business d
or 90 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 608 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties of perjury that the Department of State

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