

L14000047327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

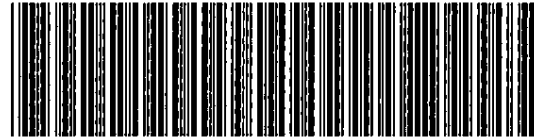
(Business Entity Name)

(Document Number)

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02/18/14--01041--009 **125.00

EFFECTIVE DATE

2-18-14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 FEB 20 AM 8:20

FILED

MAR 21 2014

T. BROWN

104-10940

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Throne, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Tomkiewicz

Name of Person

Broad & Cassel

Firm/Company

215 South Monroe Street, Suite 400

Address

Tallahassee, FL 32301

City/State and Zip Code

mtomkiewicz@broadandcassel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Tomkiewicz at 850 681-6810

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2014

MICHAEL TOMKIEWICZ
BROAD & CASSEL
215 S MONORE STREET STE 400
TALLAHASSEE, FL 32301

SUBJECT: THORNE, LLC
Ref. Number: W14000010940

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P13000068376.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 314A00003779

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EFFECTIVE DATE

2-18-14

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Throne, LLC~~ Throne VIP, 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:

~~3225~~ Adam Kramer
3225 Shimmy Lane
Tallahassee, FL 32308

Adam Kramer
1541 Harvard St.
Santa Monica, CA 90404

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:

Michael J. Tomkiewicz

Name

215 S. Monroe St., Suite 400

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

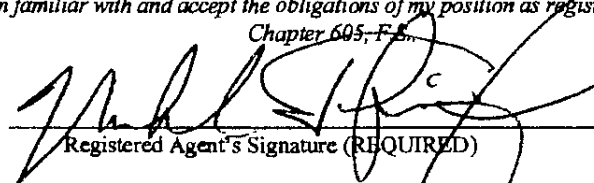
Tallahassee FL 32302

City

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

Adam Kramer

1541 Harvard St.

Santa Monica CA 90404

Michael Kramer

1541 Harvard St.

Santa Monica, CA 90404

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 18, 2014 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Adam Kramer

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Adam Kramer

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)