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EXAMINER

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: Thetis Marketing, 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:	
Billy 6 Heyser Name of Person	
/Name of Person	
Firm/Company	
1962-A Village Green Way	·
Tallahassee, FZ 32308 City/State and Zip Code Docheyser and Com E-mail address: (to be used for future annual report notification)	
Docheyse and in com	
E-mail address: (to be used for future annual report notification)	5
For further information concerning this matter, please call:	· (, ,)
Ril (1)	()
Billy 6. Heyser at (850) 508-112-3 Name of Person Area Code Daytime Telephone Number	្តី . ទីវ
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& Certificate of Status \$\bigcup \\$155.00 Filing Fee \& Certified Copy & Certificate of Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee \& Certified Copy (additional copy is enclosed)	`Status & y

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

The name of the Limited Liability Company is:		
Thetis Marketing L. (Must end with the words Limited L	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
Tallahasser, 71 32308	5 cme_	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration.) The name and the Florida street address of the registered at the company of the registered a	Registered Agent. You must designate an individual n.) agent are:	l or
√ Name	age Green Way	
	•	• .
Tallahassee	Zip 22	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging the complex of the control of the contro	t the appointment as registered agent and agree to ac of all statutes relating to the proper and complete per	et in this Formance

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u> [Title:</u> 'AMBR" = Authorized Member	Name and Address:
AMBR" = Authorized Member MGR" = Manager	N
MGR. AMOR	Rella 6. Heyser
15) 42	7174 Sleepy Hollow Circle
	Tallahassed Il 32312
Nim 6A	50CC (1)
17711	Jeff Johnson
	1208 BIENTWOOD Voy
	1 × 1144 575 1 + C 32307
AWBR	Aubrey Lewis
	3940 Oscepla St.
	DEAULY, CO 80212
Suga	Lada Varcel
/7///	7/74 Sleed Hollow Cir
	Tallahassee IL 82308
	,
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Use attachment if necessary) V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 9
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ARTICLE IV-