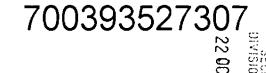
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(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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S. CHATHAM OCT 26 2022

RECEIVED



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 24, 2022

CORPORATION SERVICE COMPANY

SUBJECT: THUNDER ROAD INVESTMENTS LLC

Ref. Number: W22000134362



We have received your document for THUNDER ROAD INVESTMENTS LLC. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 022A00023802

2022 OCT 26 AMII:

Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 0724-39 7 5000010 AUTHORIZATION: Spelle Res. COST LIMIT : \$ 125.00 ORDER DATE: October 24, 2022 ORDER TIME : 10:45 AM ORDER NO. : 072139-005 CUSTOMER NO: 5000010 DOMESTIC FILING NAME: THUNDER ROAD INVESTMENTS LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ___ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY ____ PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland - EXT.

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Thunder Road Holdings LLC			
(Must conatin the words "Lin	nited Liability Company,	"L.L.C.," or "LLC.")	_ -
RTICLE II - Address:			
e mailing address and street address of the princ	ipal office of the Limited	Liability Company is:	
Principal Office Address	:	Mailing Address:	٨.
86 Mac Farlane Drive, Apt. 4D	2234	North Federal Highway, #3003	22 01
Delray Beach, Florida 33483		Raton, Florida 33431	
e Limited Liability Company cannot serve as its	s own Registered Agent. '	it's Signature: You must designate an individual or	OCT 24 AM
ne Limited Liability Company cannot serve as its other business entity with an active Florida regis	s own Registered Agent. ' stration.)	it's Signature: You must designate an individual or	5
e Limited Liability Company cannot serve as its other business entity with an active Florida regis	s own Registered Agent. ' stration.)	it's Signature: You must designate an individual or	T24 AM 10: 25
ee Limited Liability Company cannot serve as its other business entity with an active Florida regis e name and the Florida street address of the regis	s own Registered Agent. ' stration.)	it's Signature: You must designate an individual or	(
ne Limited Liability Company cannot serve as its other business entity with an active Florida regis ename and the Florida street address of the regis	s own Registered Agent. Stration.) stered agent are: Name	it's Signature: You must designate an individual or	(
ne Limited Liability Company cannot serve as its other business entity with an active Florida regis e name and the Florida street address of the regis Andrew Albert 86 Mac Farlane	s own Registered Agent. Stration.) stered agent are: Name	You must designate an individual or	(
86 Mac Farlane	s own Registered Agent. 'stration.) stered agent are: Name Dr., Apt 4D	You must designate an individual or	5

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..

Andrew Albert

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Andrew Alhert 86 Mac Farlane Drive, Apt. 4D Delrav Beach, Florida 33483
	24 AH 10:
	25
(Use attachment if necessary) CLE V: Effective date, if other than effective date is listed, the date must	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after
ite of filing.)	pes not meet the applicable statutory filing requirements, this date will not be listed a
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	266
Signature This document is I am aware that a	of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.

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)