



**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TriMerge Consulting Group, 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:

Kristina Mahoney-Brown  
(Name of Person)

TriMerge Consulting Group, LLC  
(Firm/Company)

PO Box 278315  
(Address)

Miramar, FL 33027  
(City/State and Zip Code)

03  
11 03 00  
FILED  
11 03 00

For further information concerning this matter, please call:

Kristina Mahoney-Brown at ( 305 ) 218-5097  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
TriMerge Consulting Group LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

4933 SW 171 Terrace  
Miramar, FL 33027

**Mailing Address:**

PO Box ~~273818~~ 278315  
Miramar, FL 33027

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

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

Geraldine Lazarre

Name

1265 NE 155 Street

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

Miami, FL 33162

FL

City, State, and Zip

FILED  
03 AUG 29 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 608, F.S..*

  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Geraldine Lazarre  
1265 NE 155 Street  
Miami, FL 33162

MGRM

Kristina Mahoney-Brown  
4933 SW 171 TERRACE  
Miramar, FL 33027

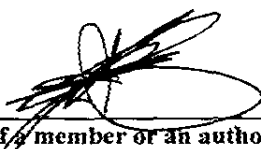
MGRM

Tedane Williams  
2899 NW 207 Street  
Miami, FL 33056

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

GERALDINE LAZARRE

Typed or printed name of signee

**Filing Fees:**

**\$100.00 Filing Fee for Articles of Organization**

**\$ 25.00 Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

03 AUG 29 AM 8:00  
FILED  
RECEIVED STATE  
TALLAHASSEE FLORIDA