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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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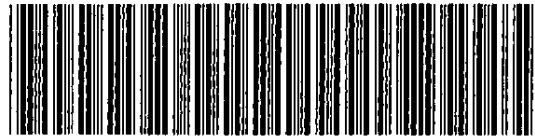
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. HAMPTON

AUG 18 2008

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 3Trize Publishing 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:

**Norman Powell**  
(Name of Person)

**3Trize Publishing Group, LLC**  
(Firm/Company)  
**P.O. Box 100986**  
(Address)

**Ft. Lauderdale, FL 33310**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Norman Powell** At **(954) 624-5213**  
(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

# 3Trize Publishing Group, LLC

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**3Trize Publishing Group, 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:**

**Keney Desravines**

**3Trize Publishing Group, LLC**

**1120 NW 52<sup>nd</sup> Avenue**

**P.O. Box 100986**

**Lauderhill, FL 33313**

**Ft. Lauderdale, FL 33310**

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

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

Name **Keney Desravines**

Address **1120 NW 52<sup>nd</sup> Avenue**

City/State **Lauderhill, FL 33313**

*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 (REQUIRED)

## 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

**MGR**

**Name and Address:**

**Keney Desravines**

**1120 NW 52<sup>nd</sup> Avenue**

**Lauderhill, FL 33313**

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MGR

Norman Powell

1040 Park Drive

Ft. Lauderdale, FL 33312

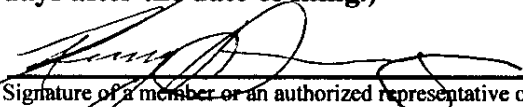
MGR

Donovan Thomas

3699 NW 24<sup>th</sup> Street

Fort Lauderdale, FL 33311

ARTICLE V: Effective date, if other than the date of filing: N/A (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.)

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.)

Typed or printed name Keney Desravines

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