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B. BOSTICK FEB **2 0** 2012 EXAMINER

## **COVER LETTER**

TO:	Registratio Division of	n Section Corporations	``		
SUBJE	ECT: Tr	istan Investm Name of Limite	nent Group Led Liability Company	LC	
The end	closed Article	es of Organization and fee(s) are s	submitted for filing.		
Please	return all corr	respondence concerning this matt	er to the following:		
		Nancy Tamb	ovello Name of Person		
	Trist	ian Investme	nt Group LLG	<u> </u>	
	727	25 Colonial			
		I	Address		
	Rive	rview, FL 3	035 /8	<u> </u>	
	andre	rview, FL 3 City 212121@hotr E-mail address: (to be used f	nail com		<u>.</u>
-		E-mail address: (to be used f	or future annual report notification)		<del>-</del> -
For fur	ther informati	on concerning this matter, please	call:		
And		mbure 110 me of Person	at (813) 500 - O	ine Number	PH 23 - 3
Enclos	sed is a checl	k for the following amount:		JA.	æ.
]\$125 <b>.0</b> 0	) Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status Certified Copy additional copy is enclose	& .
		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 Circ Tallahassee, FL 32301	cle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Tristan Investment Group LLC.  (Must end with the words "Limited Liability Compan), "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:
725 Colonial Lake Drive 7225 Colonial Lake Drive Riverview, FL 33578 RNerview, FL 33578
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:
INCHICA ICANICOPELIO (1714)
Name
7225 Colonial Lake Drive  Florida street address (P.O. Box NOT acceptable)
Riverview FL 33578  City, State, and 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 608, F.S

(CONTINUED)

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Nancy Tamburello
	7225 Colonial Lake Drive
	Riverview, FL 33578
	•
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•	
	- N
	<u></u>
	<u> </u>
(Use attachment if necessary)	
,	
<b>CLE V:</b> Effective date, if other than th	
	be specific and cannot be more than five business day
days after the date of filing.)	
<b>REQUIRED SIGNATURE:</b>	•
	1 41
	n burolle
Mancil Tan	
Many Ton Signature of a memb	per or an authorized representative of a member.
	ber or an authorized representative of a member.
(In accordance with section 60 constitutes an affirmation und	Der or an authorized representative of a member.  D8.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. It is a member.

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

Tamburello
Typed or printed name of signee