

L12000125475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

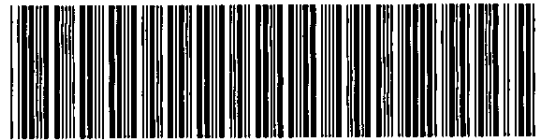
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Effective Date 09/30/12

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TALLAHASSEE, FLORIDA

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J. BRYAN

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EXAMINER

Charter Number Only

9/28/12

Rolando Reina CPA

Requestor's Name

7400 SW 50 Terrace #302

Address

Miami, FL 33155

City

State

ZIP

Phone

VALIDATION ONLY

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CORPORATION(S) NAME

Trench Spots, LLC

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other *LLC*
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028

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

Date: September 5, 2012

**ARTICLE I – NAME:**

The name of the Limited Liability Company is:

**TRENDY SPOTS, LLC**

**ARTICLE II – ADDRESS:**

Effective Date 09/30/12

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

**196 NW 24 STREET  
MIAMI, FL 33127**

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE:**

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

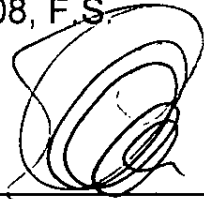
**ENRIQUE LOPEZ**  
Name

**196 NW 24 STREET**  
Florida Street Address

**MIAMI, FL 33127**  
City, State, and Zip

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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.



X

Registered Agent's Signature

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STATEMENT OF SERVICE  
FALL ANDERSON FLEMING

**ARTICLE IV – MANAGEMENT**

The Limited Liability Company is to be considered a multiple manager LLC and is therefore a MULTIPLE MANAGER LLC company. The name and address of each initial MANAGER or MANAGER MEMBER is as follows:

**Title:**  
Member/Manager

**Name and Address:**  
ENRIQUE LOPEZ  
196 NW 24 STREET  
MIAMI, FL 33127

**Member/Manager**

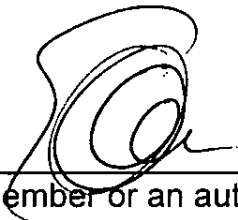
**IRMA MARTINEZ  
196 NW 24 STREET  
MIAMI, FL 33127**

**ARTICLE V - BUSINESS DEDUCTIONS**

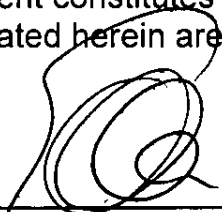
Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

**ARTICLE VI - EFFECTIVE DATE**

The effective date of the Limited Liability Company shall be: SEPTEMBER 30, 2012.

X   
\_\_\_\_\_  
Signature of 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

X   
\_\_\_\_\_  
ENRIQUE LOPEZ  
Member/Manager of LLC

September 5, 2012

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