L16000157956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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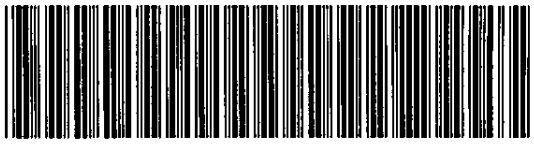

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16 AUG 18 AM 10:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

8/25/16

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: TRELEAVEN, 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:

Jason Treleaven
Name of Person

Firm/Company

180 NE 12th Avenue, #11E
Address

Hallandale Beach, FL 33009
City/State and Zip Code

jaytreleaven@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Treleaven at (718) 755-2188
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:
The name of the Limited Liability Company is:

TRELEAVEN, LLC

ARTICLE II – Address:
The mailing address and the street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
180 NE 12th Avenue, #11E Hallandale Beach, FL 33009	180 NE 12th Avenue, #1E Hallandale Beach, FL 33009

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:

Jason Treleaven
Name
180 NE 12th Avenue, #11E
Florida street address
Hallandale Beach, FL 33009
City State Zip

16 AUG 18 AM 10:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Having been named as registered agent and to accept service of process for the above 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV –
The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
AMBR	Audra Treleaven 180 NE 12th Avenue, #11E Hallandale Beach, FL 33009
AMBR	Jason Treleaven 180 NE 12th Avenue, #11E Hallandale Beach, FL 33009

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

Audra Treleaven

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
Constitutes a third degree felony as provided for in s.817.155, F.S.

16 AUG 18 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Audra Treleaven
Typed or printed name of signee

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)