D24000039

| (Red | questor's Name) | • |
|---------------------------|-------------------|-------------|
| obA) | dress) | |
| (Add | dress) | |
| (Cit) | /State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | siness Entity Nan | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



800432879548

07/12/24--01018--010 **358.75



AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE TO FILE OR QUALIFY

| | NG-70 Trust | |
|--|--|--|
| A _ | Florida | TRUST |
| | ations of Trust, the und NG-70 Trust | orida Statutes, pertaining to dersigned, the Chairman of the, a |
| Florida | • | of Trust) ms in order to file or qualify |
| (State) NG-70 Trust | | , in the State of Florida. |
| (Nam | e of Trust) | _ |
| 1. Two or more perso | ons are named in the Ti | rust. |
| 2. The principal addre | ess is 1671 Doran Rd. | |
| | Sparta, TN 385 | |
| Steve A. Geci | nt and street address in e Pensacola, FL 3250 | the State of Florida is: |
| agent to accept ser at the place design | vice of process for the | 7/2/24 |
| _ | | rrect copy of the Declaration of : 22 ses to conduct its business in |
| NOTARY | Name: Chairman of the | he Board of Trustees |
| CR2E063(3/00) | Filing Fee: Certified Copy: | |
| | | 358.75 |

1/_

STATE OF _ FLORIDA COUNTY OF _ ESCAMBIA

BE IT REMEMBERED, that on this $\frac{2^{n^2}}{2^n}$ day of $\frac{3^n}{2^n}$ 2024, before me, the subscriber, a Notary Public in and for the said County and State personally came Steve A Geci as Agent in the foregoing trust agreement and acknowledged the signing thereof to be his voluntary act and deed, (X) are personally known to me or () have provided valid driver's licenses as identification.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my notarial seal on the day and year last aforesaid.

My Commission Expires: 8/24/26

Kara DaVico **Notary Public** State of Florida Comm# HH304982 Expires 8/24/2026

2024 UUL 12 PH 1: 38

Declaration and Contract of Trust

An Irrevocable Common Law Business Trust to be Interpreted and Executed under the Right of Contract and Common Law, with the Original Situs in:

STATE OF FLORIDA COUNTY OF ESCAMBIA

THIS INDENTURE AUTHORIZES ITS TRUSTEE TO PERFORM UNDER THE NAME OF

NG-79 Trust

DECLARATION OF TRUST

THIS DECLARATION OF TRUST, made this 2^{md} day of <u>July</u> in the year of <u>2024</u> by:

Steve A. Geci, of Escambia County, State of Florida (the "SETTLOR") and Neil A. Geci, of White County, State of Tennessee (the "TRUSTEE") and Hannah R. Geci, of White County, State of Tennessee (the "TRUSTEE").

1.1 CLASSIFICATION OF ORGANIZATION:

This declaration of trust is intended to create an Irrevocable Business Trust (the "trust") and not a partnership or a joint stock association.

2.1 **DEFINITIONS**:

For the purpose of this deed, the singular shall include the plural, and the words "he" or "she" shall include both genders, and references to a person shall include a corporation or corporations, save where the context specifically so denies.

"Certificates of Capital Units" means a certificate representing a percent of the PROPERTY or Corpus of the Trust. The Grantor, Settlor, and any Exchanger shall receive Certificates of Capital Units, of indeterminable value, in exchange for the property they exchanged into the trust. The Certificates of Capital Units legally consist of the immovable "Res" (Corpus of the Trust). The Capital Units are of indeterminable value until sold. Capital Units are not the same as Certificates of Trust Units.

"Property" means real and personal movable or immovable property of any description and wheresoever situate including (without limiting the generality thereof) policies, cash, chose in action, deeds, titles, assignments, mortgages and loans.

"Certificates of Trust Units", also known as, Certificates of Beneficial Interest, means a certificate representing a percentage of the movable "Res" or the PROFITS of the trust. Only the Beneficiaries may receive Certificates of Trust Units. Neither the Settlor, the Trustees, the Trust Officers, nor the Exchanger may receive Certificates of Trust Units.

3.1 TRANSFER TO TRUSTEES:

- (a) The Settlor transfers to the Trustees all this rights, titles and interest in property described in Schedule "A" attached.
- (b) The Trustees will hold the property described in Schedule "A" and all property hereafter acquired, and all income and profits collectively (the "Trust Property") in trust, and shall manage, administer, collect and dispose of the trust property for the benefit of persons who acquire Certificates of Capital Units and Certificates of Trust Units.
- (c) In the event of, and upon the death, resignation, or incapacity of either one of the two trustees, the remaining trustee shall continue to serve, and shall appoint a Successor trustee within thirty (30) days. Providing there are no objections within thirty (30) days from the date of said appointment, the appointment shall stand. In the event of, and upon the death, resignation, or incapacity of both trustees to serve, the Settlor within thirty (30) days therefrom shall notify the Successor Trustees that they, upon their acceptance, shall perform the "duties as trustees" pursuant to paragraph 10.1.

4.1 NAME OF THE TRUST:

- (a) The trust shall be called NG-79 Trust.
- (b) The trustees, in the name of the trust, may engage in general business activity, and perform all acts they consider necessary in furtherance of such activity. The powers and duties of the trustees are more specifically set forth in Paragraphs 10.1 and 11.1.

Initials of Trustons A XIA

Steve A. Gect - SETTLOR 2950 N 12th Avenue Pensacola, FL 32503

Neil A. Géci – TRUSTEE 1671 Doran Rd. Sparta, TN 38583

Hannah R. Geci - TRUSTEE 1671 Doran Rd. Sparta, TN 38583 2024 JUL 12 PH 1:38

IN WITNESS WHEREOF, the Settlor has hereunto set his hand and the Trustee have hereunto set his hand as of the day and year above written.

WITNESSES:

Neil Tucker

Kenneth Davico

STATE OF FLORIDA

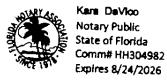
COUNTY OF <u>ESCAMBIA</u>

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my notarial seal on the day and year last aforesaid.

My Commission Expires: 8/24/20

Notary

7/2/24



| STATE OF <u>FLORIDA</u> |
|---|
| COUNTY OF <u>ESCAMBIA</u> |
| BE IT REMEMBERED, that on this day of, July 3024 before me, the subscriber, a Notary Public in and for the said County and State personally came: Neil A. Geci TRUSTEE in the foregoing trust agreement and acknowledged the signing thereof to be his voluntary act and deed. |
| IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my notarial seal on the day and year last aforesaid. |
| My Commission Expires: 8/24/26 Notary 7/2/24 |
| STATE OF FLORIDA STATE OF FLORIDA COUNTY OF ESCAMBIA BE IT REMEMBERED, that on this day of, day of, a Notary Public in and for the said County and State personally came: Hannah R. Geci TRUSTEE in the foregoing trust agreement and acknowledged the signing thereof to be his voluntary act and deed. |
| IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my notarial seal on the day and year last aforesaid. |
| My Commission Expires: 8/24/20 Notary 7/2/24 |

Kara DaVloo
Notary Public
State of Florida
Comm# HH304982
Explres 8/24/2026

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Cor | porations | | |
|---|---|---|--|
| SUBJECT: MEE | P COSMETICS | 4 C | |
| SUBJECT: | | ited Liability Company | |
| | | | ~ 3 |
| The enclosed Articles of | Amendment and fee(s) are sub | emitted for filing | 2624 JUE 12 |
| | • | - | <u> </u> |
| Please return all correspo | ondence concerning this matter | to the following: | . 12 |
| | ENHOL | Name of Person COSMETICS Firm/Company | |
| | | Name of Person | n |
| | MEEP | (OSMETICS | (1) |
| | | Firm/Company | |
| | 249 | 181 SW 1074 | n ct |
| | | Address | |
| | 4 | MESTEAD, FL 3 City/State and Zip Code STRK (O) CMAIL | 3032 |
| | // | City/State and Zip Code | |
| | AP | STRK(Q) CMAIL | 10N |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please c | all: | |
| £ | OUE MASTRALA | -Tr. 701 147 | - 9576 |
| Name o | f Person | - TK at (786) 247 Area Code Daytim | ne Telephone Number |
| | | | · |
| Enclosed is a check for the | ne following amount: | | |
| \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |
| <u>Mailing Addres</u> Registration S | | Street Address: Registration Se | ction |
| Division of C | | Division of Cor | |
| P.O. Box 632 | - | The Centre of T | - |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company v | were filed on5 | -15 - 2024 _{and} | assigned |
|---|---------------------------------|--|----------------|
| Florida document number L 24006 226 76 | 5 | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabilit | ty Company," the designation | "LLC" or the abbreviation | "L.L.C." |
| Enter new principal offices address, if applicable: | | · | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: | | 2024 | ·· |
| | | —————————————————————————————————————— | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 72 | |
| B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: | ddress on our records, <u>e</u> | nter the name of the | new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street a | ddress | |
| | | _, Florida | |
| | City | Zip Co | de |
| New Registered Agent's Signature, if changing Registered Agent: | | | |

New Registered Agent's Signature, it changing Registered Agent

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 relative 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title Name **Address** Type of Action MGR BIANCA, MASTRAPA 2498 SW 107 CT DAdd HOMESTEAD, FL 33032 Change ENFIRME MASTERPA 249 81 SW 107 CT (HOMESTEAD, FL 33032 ☐ Change □Add ☐ Remove □ Change \Box Add □Remove ____ Change \square Add Remove

| | | | _ |
|--|-------------|-----------|------------------|
| | | | |
| | | | _ |
| | | <u>_</u> | _ |
| | | | |
| | | | |
| | | | _ |
| | | | _ |
| | • | 5924 | _ |
| | | <u> </u> | —, <u>,</u> |
| | | [N] | - , . |
| | | ==: | —, |
| | | | —". ". |
| ····· | 1 5-1 | 39 | |
| | | | |
| | | | |
| | | | |
| ffective date, if other than the date of filing: (opti | onal) | | |
| an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this | | | |
| ocument's effective date on the Department of State's records. | | | |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b |) The 9 | Oth day a | fter the |
| is filed. | | | |
| | | | |
| ated 10 Ly 3 2024 | | | |
| ated <u>July 3</u> , 2024 | | | |
| ated JULY 3, 2024. Signature of a member or authorized representative of a member | | | |