

L010000004998

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

000003830770--8
-03/12/01--01098--009
****130.00 ****130.00

SUBJECT:

TRIMIT, LLC

Enclosed is an original and one (1) copy of the articles of organization and a check for:

\$ 130.00 payable to "Florida Department of State"

for

Filing Fee, Designation of Registered Agent and Certificate of Status

From:

STEVE LOVELESS

5125 CASTELLO DR.

NAPLES, FL 34103

PHONE NUMBER (941) 514-3811

01 MAR 30 PM 3:20
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L01-4998



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 15, 2001

STEVE LOVELESS
5125 CASTELLO DRIVE
NAPLES, FL 34103

SUBJECT: TRIMIT, LLC
Ref. Number: W01000005871

01 MAR 30 PM 3:20
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TRIMIT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 701A00015825

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRIMIT, LLC

ARTICLE II - Address:

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

5125 CASTELLO DR.
NAPLES, FL 34103

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

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

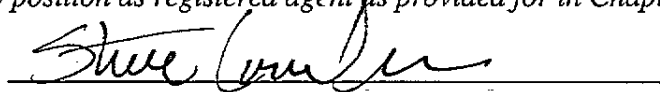
STEVE LOVELESS
Name
5125 CASTELLO DR.
Florida street address (P.O. Box NOT acceptable)
NAPLES, FL 34103
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAR 30 PM 3:20

FILED

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..

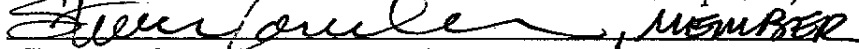


Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Registered Agent's Signature

(An additional article must be added if an effective date is requested)


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.)

STEVE LOVELESS
Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)