

L01000008174

Page Trinh M Adams
12530 Chicora lane
Jax FL 32258

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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***125.00 ***125.00

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MAY 22 PM 3:53
SECRETARY OF STATE

L01-8174
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Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 8, 2001

NGOC TRINH MINH ADAMS
12530 CHICORA LANE
JACKSONVILLE, FL 32258

SUBJECT: TRINH'S EXOTIC FASHIONS AND EXCEPTIONAL GIFTS
Ref. Number: W01000010373

We have received your document for TRINH'S EXOTIC FASHIONS AND EXCEPTIONAL GIFTS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

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: 101A00027550

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RECEIVED
FLORIDA DEPARTMENT OF STATE
JACKSONVILLE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRINH'S EXOTIC FASHIONS AND EXCEPTIONAL GIFTS LLC

ARTICLE II - Address:

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

12530 CHICORA LANE
JACKSONVILLE, FL 32258

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

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

ERNEST F. ADAMS III

Name

12530 CHICORA LANE

Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE, FL 32258

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..

Ernest F. Adams III

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

OWNER

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

Ngoc Trinh Minh Adams
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.)

NGOC TRINH MINH ADAMS

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)

125.00

01 MAY 22 PM 3:53

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