LO1000011901

JAMES SCHWARTZ 235 North Garden Avenue Clearwater, FL 33755

TELEPHONE: (727) 441-3334

FAX: (727) 441-9395

Ч,

July 17, 2001

Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Filing New Limited Liability Company

Dear Sirs:

Enclosed please find a check in the amount of \$125.00 for filing the attached Articles of Organization: for a limited liability company

Hoppers at Trinity, LLC

500004485095----1 07/19/01--01005--001 ****125.00 *****125.00

Very truly your CHWARTZ ESO. Ľ 18 Ш P ŝ

7/19

ARTICLES OF ORGANIZATION OF HOPPERS AT TRINITY, LLC LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - Name

The name of the Limited Liability Company is: Hoppers at Trinity, LLC

ARTICLE 11 - Address

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

is:

8817 Mitchell Blvd. New Port Richey, FL 34655

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Management

(Check the appropriate box and complete the statement)



The Limited Liability Company is to be managed by a manager or manager's and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are: Shawn Dunlap 8817 Mitchell Blvd. New Port Richey, FL 34655

ARTICLE V - Admission of Additional Members

The right, if given, of the members to admit additional members and the terms and conditions

of the admissions shall be upon unanimous consent of the members.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 1/2 day of July, 2001.

Map _____ - - -Shawn M. Shawn Dunlap

١.

FILED 01 JUL 18 PM 2: 48 SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT AND OFFICE IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is Hoppers at Trinity, LLC.

2. The name and Florida address of the registered Agent is:

Shawn Dunlap 8817 Mitchell Blvd.. New Port Richey, FL 34655

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 certification. 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.

Shawnth. map Shawn Dunlap

ω П Ņ