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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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# ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER:	FCA00000005.
TEFERENCE: (Sub Account)	9609152-1
DATE:	6/30/03
REQUESTOR 'NAME:_	Lexis Document Services
ADDRESS:	
TELEPHONE: (_	) () oxt ()
CONTACT NAME:	
CORPORATION NAME:	Tri-Future Assets, LLC
DOCUMENT NUMBER: _ (if applicable)	
.UTTIORIZATIOII: _	Cynthia S. Woodyard 125.00
CERTIFIED COPTO	F STATUS (1-9)
) Call When Road ) Walk In ) Hail Out	Y ( ) Call if Problem ( ) After 4:30 ( ) Will Walt ( ) Pick Up

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is: Tri-Future Assets, LLC

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company 421 SE Osceola Street, Stuart, FL 34994

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

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

Mark Perlman
421 SE Osceola Street
Florida street address (P.O. Box NOT acceptable) Stuart FL 34994
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..

Registered Agent's Signature

### 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.

(An additional article must be a ffective date is requested)

An additional article must be a ffective date is requested)

An additional article must be a ffective date is requested)

An additional article must be a ffective date is requested)

(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.)

Mark Perlman

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)