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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Trust Network Consultants, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James P. McClain  
(Name of Person)

Trust Network Consultants, LLC  
(Firm/Company)

13440 W. Colonial Dr #2  
(Address)

Winter Garden, Florida 34787-3997  
(City/State and Zip Code)

For further information concerning this matter, please call:

James McClain at (321) 693-7263  
(Name of Person) Area Code and Daytime Telephone Number

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 323147

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## Article I - Name:

The Name of the Limited Liability Company is:

**Trust Network Consultants, LLC**

## ARTICLE II - Address:

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

**13440 W. Colonial Drive #2**

**Winter Garden, Florida 34787**

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

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

**James P. McClain**

Name

**13440 W. Colonial Dr #2**

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

**Winter Garden, Florida 34787**

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.*

**James P. McClain**

Registered Agent's Signature

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DIVISION OF CORPORATIONS  
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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

James P. McClain  
13440 W. Colonial Dr #2  
Winter Garden, Fla 34787

MGRM

Cecil A. Tucker III  
P.O. Box 345  
Christmas, Fla 32709-0345

MGRM

Robert H. Powell, Jr.  
2015 Holly Ave  
Sanford, Fla 32771

MGRM

Kevin LaJeunesse  
126 Tarrytown Trl  
Longwood, Fla 32750

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

James P. McClain

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.)

James P. McClain

Typed or printed name of signer

**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)

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