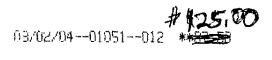
104000019447

(Re	questor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
3/2	FL L	
·		,
		1
L		

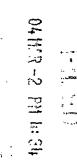
Office Use Only



600029480106



M.S



TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: TROIS AMIS LLC (Name of Limited Liability Company)	
The enc	losed Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	MICHAEL A. BAIKER (Name of Person)	
TROIS AMIS (Firm/Company)		
240 FOURTH AVE		
	INDIALANTIC FL 32903 (City State and Zip Code)	
For furth	per information concerning this matter, please cail:	
<u> Mic</u>	Name of Person) (Area Code & 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 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
TROIS AMIS LLC	
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
240 FOURTH AVE	240 FOURTH AUE
INDIALANTIC, FL 32903	INNIALANTIC, FL 32903
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register Michael A. F. Name	
Florida street address (P.O. Boy	<u>/</u>
TUDIAL ANTIC City, State, and Zig	florida 30903

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGRM.	MICHAEL A. BAIKER 240 FOURTH AVE INDIALANTIC, EL 32903		
MGRM	ALAN MARUMOTO 735 N. MIRAMAR AVE UNIT#601 INDIALANTIC, FL 32903		
MGRM	DIANE ST-PIERRE-BAIKER 240 FOURTH AVE TUDIALANTIC, FL 32903		
•••			
(Use attachment if necessary)	••		
NOTE: An additional article must be added if an effective date is requested.			
REQUIRED SIGNATURE:			
MABEL.			
Cignature of a man has an an authorized semescentative of a manchan			

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.)

MICHAEL BAIKER
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)