

L04000079078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

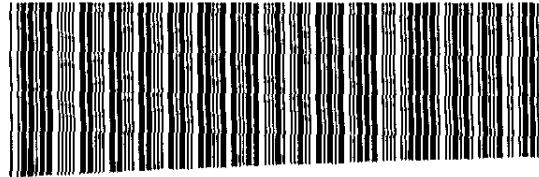
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/03/04--01014--002 **78.75

11/02/04--01003--019 **51.25

FILED ASSESSMENT

04 NOV -1 AM 8:22

11/2/04

11/2/04

Thursday, October 28th 2004.

Attention: Marsha

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399
(850)245-6051

Dear Marsha,

As per our conversation today, here are the completed forms necessary to file the Articles of Organization. We wish to dissolve Trinity Bros. Inc which is already registered with the State, and replace it with these new Articles to reflect Trinity Bros. LLC.

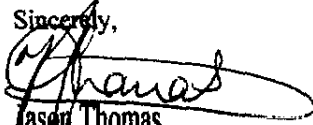
We would like to use **Saturday 6th, November, 2004** as official start date of business.

Please contact Jason Thomas at daytime (321)689-6964, evening (352)242-1150 should there be any further questions.

Contact address: 877 Park Valley Circle, Minneola, FL. 34715.

I would like to thank you in advance for your fast, and courteous service in handling this matter.

Sincerely,


Jason Thomas

FILED
TALLAHASSEE, FLORIDA

OCT NOV -1 AM 8:22

352-241-6781
Jason
Thomas

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRINITY BROS 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:

JASON THOMAS & SEAN THOMAS
(Name of Person)

TRINITY BROS LLC
(Firm/Company)

P.O. Box 1374
(Address)

MINNEOLA FL 34755
(City/State and Zip Code)

For further information concerning this matter, please call:

JASON THOMAS at (321) 689-6964
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|---|

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

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04 NOV - 1 PM 8:22
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRINITY BROS. LLC.

ARTICLE II - Address:

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

Principal Office Address:

877 PARK VALLEY CIRC
MINNEOLA FL 34715

Mailing Address:

P.O. BOX 1374
MINNEOLA FL 34755

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

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

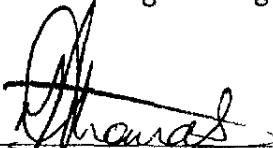
JASON THOMAS
Name

877 PARK VALLEY CIRCLE
Florida street address (P.O. Box **NOT** acceptable)

MINNEOLA FL 34715
City, State, and Zip

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04 NOV - 1 AM 8:22
CLERMONT, FLORIDA

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

(CONTINUED)

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:

MGRM

JASON THOMAS
877 PARK VALLEY CIRCHE
MINNEOTA FL 34715

MGRM

SEAN THOMAS
1733 MANCHURIAN ST
LAKEVIEW FL 34736

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

JASON THOMAS

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

ALLAHSSEE, FLORIDA

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