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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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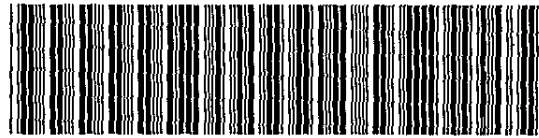
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/p

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FUTURE TRUST MANAGEMENT, 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:

ROBERT TROIANI

(Name of Person)

(Firm/Company)

8992 SE ELDORADO WAY

(Address)

HOBE SOUND, FL 33455

(City/State and Zip Code)

For further information concerning this matter, please call

ROBERT TROIANI

(Name of Person)

772

545-2889

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| ☒ \$125.00 Filing Fee | ☐ \$150.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | ☐ \$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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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FUTURE TRUST MANAGEMENT, LLC**ARTICLE II - Address:**

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

Principal Office Address:8992 SE ELDORADO WAY
HOBE SOUND, FL 33455**Mailing Address:**8992 SE ELDORADO WAY
HOBE SOUND, FL 33455**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

ROBERT TROIANI

Name

8992 SE ELDORADO WAYFlorida street address (P.O. Box **NOT** acceptable)HOBE SOUND, FL 33455

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

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(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

ROBERT TROIANI

8992 SE ELDORADO WAY

HOBE SOUND, FL 33455

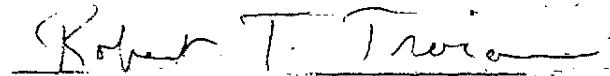
MGRM

SALLY TROIANI

8992 SE ALDORADO WAY

HOBE SOUND, FL 33455

(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.)

ROBERT TROIANI

Typed or printed name of signer

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)

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