

LOS 000000 9795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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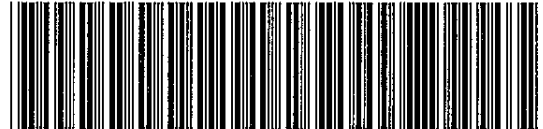
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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TALLAHASSEE, FLORIDA

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*Just*

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Trinity Management Group, L.L.C.  
(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:

R. Joseph Krieger  
(Name of Person)

Trinity Management Group, L.L.C.  
(Firm/Company)

1700 N. Monroe Street, Suite 11-113  
(Address)

Tallahassee Florida 32303  
(City/State and Zip Code)

For further information concerning this matter, please call:

R. Joseph Krieger at (850) 212-3582  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing 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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SECRETARY OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Trinity Management Group, L.L.C.

### ARTICLE II - Address:

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

#### Principal Office Address:

P.O. Box 160113  
Miami, Florida 33116-0113

#### Mailing Address:

P.O. Box 160113  
Miami, Florida 33116-0113

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

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

K. Joseph Krieger  
Name

~~2011 Forest~~ 1700 N. Monroe Street, Suite 1111  
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32303  
City, State, and Zip

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*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..*

K. Joseph Krieger  
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:**

Managing Member

Madeleine Krasna  
P.O. Box 417  
Tampa, Florida 33601-0417

Managing Member

Jay Yourist  
P.O. Box 110113  
Miami, Florida 33116-0113

Managing Member

Lex Dilworth  
P.O. Box 29  
Gum Spring, Virginia 23065-0029

Managing Member

Zachariah Hatif  
872 Creek Bend Drive  
Vernon Hills, Illinois 60061

~~Managing Member~~  
(Use attachment if necessary)

X Joseph Krieger  
~~P.O. Box 1200 N. Monroe St.~~ Suite 11-113  
~~Fullahome, Florida~~ Tallahassee, Florida

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

**REQUIRED SIGNATURE:**

R. Joseph Krieger

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.)

R. Joseph Krieger

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)

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