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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trifecta Partners, 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:

Cherie Russi
(Name of Person)

Pennington Law Firm
(Firm/Company)

215 S. Monroe Street
(Address)

Tallahassee, FL 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

Cherie Russi at 850.241.0025
(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

FILED
05 FEB -2 AM 8:38
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

TRIFECTA PARTNERS, LLC

FILED
05 FEB -2 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is Trifecta Partners, LLC (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Company Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

The purpose for which the Company is organized is to purchase, own, market, broker, sell, lease, mortgage, develop and do everything incidental or necessary relating to real property and personal property, including development, marketing, and brokering and to engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall

have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. ADDRESS OF PLACE OF BUSINESS.

The mailing and street address of the place of business in Florida for the Company is 1538 Metropolitan Boulevard, Suite C-1, Tallahassee, Florida 32308. Such address may be changed from time to time as provided in the Operating Agreement.

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: Roman E. Galey, and the initial registered office is located at 1538 Metropolitan Boulevard, Suite C-1, Tallahassee, Florida 32308.

6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows: One Hundred and No/100 Dollars (\$100.00) in cash.

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

8. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion,

bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

9. MANAGEMENT.

The Company shall be member-managed.

10. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Member acting in its management capacity to the full extent permitted under the Florida Limited Liability Company Act.

11. EFFECTIVE TIME.

These Articles shall be effective when filed with the Florida Department of State.

Executed at **Tallahassee, Florida**, on this 21st day of January, 2005.

Galey Enterprises, Inc., Member

By:


Roman Gale, its President


STATE OF **FLORIDA**

COUNTY OF **LEON**

The foregoing instrument was acknowledged before me this 21st day of January, 2005, by Roman E. Gale, President of Gale Enterprises, Inc., Member of Trifecta Partners, LLC, a Florida limited liability company, on behalf of the company. He is personally known to me or has produced FL Driver License as identification.


NOTARY PUBLIC - STATE OF FLORIDA

(SEAL)

Print Name of Notary
Public  Rance C. Traynor
Commission # DD313249
Expires August 23, 2008
Bonded Troy Felt - Insurance, Inc. 800-385-7019

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: Trifecta Partners, LLC
2. The name and address of the registered agent and office is:

Roman E. Galey
(NAME)

1538 Metropolitan Boulevard, Suite C-1
(P.O. BOX NOT ACCEPTABLE)

Tallahassee, Florida 32308
(CITY/STATE/ZIP)

Galey Enterprises, Inc., a Florida corporation,
Member of Trifecta Partners, LLC

By: 
Roman E. Galey, its President
DATE 2/1/05

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.

SIGNATURE 

DATE 2/1/05

REGISTERED AGENT FILING FEE: \$25.00

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