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SECULIATION 3: 20

TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: Tri	Docs Investments	<u> </u>	
	(Name of Limited	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are su	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Mary Buggia		
		Name of Person)	
	Tri Docs Investme	ents Group LLC	
		Firm/Company)	<u> </u>
	7741 Belmont Driv	/e	
 . _		(Address)	
	Lake Worth, FL 3	23467	
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
Mary Buggia		at (561) 968-169	
(Name	of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check to	or the following amount:		المقتو
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRE	ET ADDRESS:	MAILING A	DDRESS:
Regist	ration Section	Registration Se	ection آن بي 🚟 بيا
	on of Corporations . Gaines Street	Division of Co P.O. Box 6327	
	assee, Florida 32399	Tallahassee, F	•

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Tri Docs Investments Gre	oup LLC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
7741 Belmont Drive Lake Worth, FL 33467	7741 Belmont Driv Lake Worth, FL 3	3467
ARTICLE III - Registered Agent, Registered	Office, & Registered Age	nt's Signature:
The name and the Florida street address of the re	egistered agent are:	
Mary Buggia Name		
7741 Belmont Florida street add	Drive ress (P.O. Box <u>NOT</u> acceptable)	
Lake Worth, City, State, a		
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	his certificate, I hereby accep i. I further agree to comply w rformance of my duties, and I stered agent as provided for i	ot the appointment as vith the provisions of all I am familiar with and
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(CONTINUED)

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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Mary Buggia 7741 Belmont Drive Lake Worth, FL 334	67
(Use attachment if necessary)		an acta d
NOTE: An additional article must REQUIRED SIGNATURE:	de added II an effective date is re	questea.
Signature of a member	or an authorized representative of a n	nember.
(In accordance with sec	tion 608.408(3), Florida Statutes, the executes an affirmation under the penalties of	cution perjury
Filing Fees:	Buggia ped or printed name of signee	SECTION I
\$125.00 Filing Fee for Articles of Organ of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)		0 7 3 20