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| Special Instructions | to Filing C | Officer: | | | | |
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| TO: Registration Se Division of Cor | | | | · | | |
|--|---|---|-----------------|--|--------------------|--|
| SUBJECT: TRC Limi | ted . | | | | | |
| | (Name of Limited | l Liability Comp | any) | | | |
| | Organization and fee(s) are so | | _ | | | |
| Please return all correspondent | ondence concerning this matte | r to the following | 3 : | | | |
| Thomas | Christopher | | <u>,,,</u> ,,,, | | | |
| | (1 | lame of Person) | | | | |
| TRC Limited | | | | | | |
| THO Entitled | () | Firm/Company) | <u></u> | | | |
| | | | | | | |
| P. O. Box 14 | 121 | /A/II - N | · | | - | |
| | | (Address) | | i | | |
| Eagle | Lake, FL 33839 | | | ALL/A | 2005 45 | ************************************** |
| | (City/ | State and Zip Code | 2) | S. 5 | ್ತ3 ≀ | 1 |
| For further information | concerning this matter, please | call: | | Mo Mo | - ال | E # 4 |
| THomas Christopher | | at (_863 | 398-3502 | +++ +++ | <u></u> | |
| (Name | of Person) | (Area Coo | le & Daytime Te | elephone Number) | | |
| Enclosed is a check fo | r the following amount: | | | | | |
| ☐ \$125.00 Filing Fee | 2 \$130.00 Filing Fee & Certificate of Status | \$155.00 F Certified Cop (additional copy | у | □ \$160.00 F Certificate of Certified Co (additional copy | f Status py | & |
| | ET ADDRESS: | | MAILING A | | | |

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 21, 2005

THOMAS CHRISTOPHER TRC LIMITED P.O. BOX 1421 EAGLE LAKE, FL 33839

SUBJECT: TRC LIMITED Ref. Number: W05000014542

We have received your document for TRC LIMITED and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 405A00019109

Diane Cushing Document Specialist

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | |
|---|---|--|--|--|
| TRC Limited LLC | | | | |
| ARTICLE II - Address: | | | | |
| The mailing address and street address of the pr | incipal office of the Limited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | |
| 634 North 9th Street | P. O. Box 1421 | | | |
| Eagle Lake, FL 33839 | Eagle Lake, FL 33839 | | | |
| | <u> </u> | | | |
| The name and the Florida street address of the r Thomas Christopher Name 634 North 9th Street Florida street address of the r | registered agent are: | | | |
| Eagle Lake, FL 33839 | | | | |
| City, State, a | nd Zip | | | |
| liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe | accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all orformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S | | | |

(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: |
|---|--|
| MGR | Thomas Christopher P O Box 1421 Eagle Lake Florida 33839 |
| | |
| (Use attachment if necessary) NOTE: An additional article must be | added if an effective date is requested. |
| (In accordance with section of this document constitute that the facts stated herein Thomas Christopher | |
| | 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)