L05000042294

(F	Requestor's Name)
(/	Address)
(<i>f</i>	Address)
(0	City/State/Zip/Phone #)
	П П
PICK-UP	WAIT MAIL
	Business Entity Name)
ζ-	
	Document Number)
(-	occumental nacing
Control Control	Contification of States
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
	/ · · · · · · · · · · · · · · · · · · ·
1	
12 N 1	}
er v er vitter sattetere r:	. •
	
	Office Use Only
A region and the same commercial control of the same control of th	
L War die 1	• • •
Page 1	
14	ross 1
<i>J.</i> -	Fig. 1
-	- come in
·	
,	
ı	; · · ·



800051051608

04/25/05--01038--001 **130.00

TRANSMITTAL LETTER

TO: Registration Division of C			
SUBJECT:	J U Trinity LLC		
	(Name of Limite	d Liability Company)	
The enclosed Articles	s of Organization and fee(s) are s	ubmitted for filing.	
Please return all corre	spondence concerning this matte	r to the following:	
	Joann Y U		
	0	Name of Person)	
	J U Trinity L	LC	
	(Firm/Company)	
	P O Box 5	505	
		(Address)	
	Winter Park	. FL 32793	
		/State and Zip Code)	
For further information	on concerning this matter, please	call:	
Joann Underwo		at (407 341-5775	
(Na	me of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check	for the following amount:		
□ \$125,00 Filing Fe	e Ø \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy
		(auditional copy is enclosed)	(additional copy is enclosed)
STI	REET ADDRESS:	MAILING A	DDRESS:
	gistration Section	Registration S	
Division of Corporations		Division of Co	
409 E. Gaines Street		P.O. Box 632	
Tallahassee, Florida 32399		Tailahassee, F	lorida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:
J U Trinity LLC	
ARTICLE II - Address: The mailing address and street add	ress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4517 A Summerwalk Square	P O Box 5505
Winter Park, FL 32792	Winter Park, FL 32793
	t, Registered Office, & Registered Agent's Signature: dress of the registered agent are:
The name and the Florida street ad	dress of the registered agent are:
The name and the Florida street ad	dress of the registered agent are:
The name and the Florida street ad Joan	dress of the registered agent are: n Y Underwood Name
The name and the Florida street ad Joan 4517 A	dress of the registered agent are: n Y Underwood Name Summerwalk Square
The name and the Florida street ad Joan 4517 A	dress of the registered agent are: n Y Underwood Name
The name and the Florida street ad Joan 4517 A	dress of the registered agent are: n Y Underwood Name Summerwalk Square orida street address (P.O. Box <u>NOT</u> acceptable) Vinter Park FL 32792
The name and the Florida street ad Joan 4517 A	dress of the registered agent are: n Y Underwood Name Summerwalk Square orida street address (P.O. Box NOT acceptable)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Joann Y Underwood
	P O Box 5505
	Winter Park, FL 32793

(Use attachment if necessary)	
NOTE: An additional article must l	be added if an effective date is requested.
REQUIRED SIGNATURE:	
	\mathcal{L}
_ Gran	ny Indemost
Signature of a member	or an authorized representative of a member.
	tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury arein are true.)
Je	pann Y Underwood
Тур	ed 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)