L05000047780

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



900051794539

05/16/05--01001--008 **155.00

RECEIVED

05 MAY 13 PM 3: 35

PHISION OF SEE, PLORIDA

OS MAY 13 FM 3: 4

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Trent Or (Name of Limited Li	wall LC (ability Company)
The enclosed Articles of Organization and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
Harry T. 1.	of Person)
Trent Drywal	/
88 claude wh	
Quincy FC. 30 (City/State	2352 PROPERTY OF THE PROPERTY
For further information concerning this matter, please call:	
(Name of Person) at ((Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status C	\$155.00 Filing Fee & Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:**

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

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

88 Claude whiddon Dr.
Florida street address (P.O. Box NOT acceptable)

Quincy FL. FL 32352

City. State, and Zip

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..

(CONTINUED)

Page 1 of 2

• The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution [7] of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)