L05000047787

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
AL Y

Office Use Only

(65 MAY -6 P 3: 07



900053812659

05/06/05--01105--026 **130.00

FILED

TRANSMITTAL LETTER

3505 MAY -6 P 3: 07 TO: Registration Section Division of Corporations SUBJECT: TRAM HOLDINGS, 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: Timothy M. Butt (Name of Person) (Firm/Company) 8599 Clover Ct. (Address) Orlando, FL 32819 (City/State and Zip Code) For further information concerning this matter, please call: Timothy M. Butt (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

STREET ADDRESS:

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

(additional copy is enclosed)

Certified Copy

(additional copy is enclosed)

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	2005 HAY -6 P 3: 07
ARTICLE I - Name: The name of the Limited Liability Company is	CACHETANY OF STATE TALLAHASSEE, FLORIDA
The name of the Diffined Liaomity Company is	· IALLAHASSEE, FLURIDA
TRAM HOLDINGS, LLC	· · · · · · · · · · · · · · · · · · ·
ARTICLE II - Address:	
The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8599 Clover Ct.	8599 Clover Ct.
Orlando, FL 32819	Orlando, FL 32819
ARTICLE III - Registered Agent, Registere	d Office. & Registered Agent's Signature:
The name and the Florida street address of the	
Timothy M. Butt	
Namo	
8599 Clover Ct.	
Florida street ac	idress (P.O. Box NOT acceptable)
Orlando, FL 32819	_FL
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..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title; Name and Address: "MGR" = Manager 2005 HAY -6 P 3: 07 "MGRM" = Managing Member Timothy M. Butt MGR 8599 Clover Ct. Orlando, FL 32819 (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 of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Timothy M. Butt Typed 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)