

L05000077134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

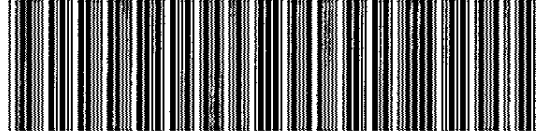
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05 AUG -5 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
05 AUG -5 AM 11:19  
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**FILED**  
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TALLAHASSEE, FLORIDA

**CONTACT:** CINDY

**DATE:** 8-5-05

**REF. #:** 001325.41017

**CORP. NAME:** TRI-S DEVELOPMENT GROUP, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# 513667 FOR \$ 125.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

ARTICLES OF ORGANIZATION  
FOR  
TRI-S DEVELOPMENT GROUP, LLC

The undersigned hereby forms a limited liability company pursuant to Chapter 608, Florida Statutes.

ARTICLE I - NAME

The name of the limited liability company is Tri-S Development Group, LLC.

ARTICLE II - ADDRESS

The street address of the principal office of the limited liability company is P.O. Box 15817, Tallahassee, Florida 32317, and the mailing address of the limited liability company is same.

ARTICLE III - MANAGER(S) OR MANAGING MEMBER(S)

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

Kevin Silver, MGRM	P.O. Box 15817 Tallahassee, FL 32317
David Skipper, MGRM	P.O. Box 15817 Tallahassee, FL 32317
Steve Skipper, MGRM	P.O. Box 15817 Tallahassee, FL 32317

ARTICLE IV - REGISTERED AGENT  
REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE

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

Kevin Silver  
1400 Metropolitan Blvd., Suite 216  
Tallahassee, Florida 32308

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.

By   
It's Agent: Kevin Silver

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(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 herein are true.)

By 

It's Agent: Kevin Silver  
Managing Member