Florida Department of State **Division of Corporations** Public Access System

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(((H05000191707 3)))

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TO:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : LAW OFFICE OF MITCHELL A. SHERMAN, P.A.

Account Number : I20030000145 : (561)738-1202 : (561)738-1676 Phone Fax Number

LIMITED LIABILITY COMPANY

Trinacria Development Corp.

Certificate of Status	0
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AUG 1 6 2005



FLORIDA DEPARTMENT OF STATE Glanda E. Hood Secretary of State

August 11, 2005

LAW OFFICE OF MITCHELL A. SHERMAN, P.A.

SUBJECT: TRINACRIA DEVELOPMENT CORP.

REF: W05000037888

MISSIE OF ANG 15 AM 10: 53
DIVISION OF CORPORATION

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "CORP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name of a Limited Liability Company must and 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) 245-6043.

Joey Bryan Document Specialist FAX Aud. #: M05000191707 Letter Number: 205A00051483

ARTICLE I - Name:	The state of the s
The name of the Limited Liability Com	ipany is:
Tringavia Dr	evelopment LLC 3
ARTICLE II - Address:	of the principal office of the Limited Liability Company is:
ARTICLE II - Address:	The state of the s
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:

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.

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature

Name

City, State, and Zip

7593 Boynton Beach Blvd., Suite 210

Mitchell A. Sherman

Boynton Beach, FL 33437

(CONTINUED)

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<u>itle:</u> MGR" = Manager	Name and Address:
MGRM" = Managing Member	
GR	Joel Marcus 676 W. Prospect Road Ft. Lauderdale, FL 33309
	676 W. Prospect Road
	Ft. Lauderdale, FL 33309
	The state of the s
	- Children of the control of the con
	Cor.
	3 6
Use attachment if necessary)	
OTE: An additional article mu	st be added if an effective date is requested.
MANUSAN AVAN ARTINA	
EQUIRED SIGNATURE:	
Jue	Marais
Signature of a men	ber or an authorized representative of a member.
of this document cor	section 608.408(3), Florida Statutes, the execution natitutes an affirmation under the penalties of perjury d herein are true.)
01 100	STORE OF STREET

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\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)