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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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TALLAHAGSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
	SIGN GROW d Liability Company)	ρ		
The enclosed Articles of Organization and fee(s) are sa	ubmitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
White the second	Name of Person)	······		
Bishop	Deciga Gwood)		
		C. *1.4		
	(Address)	34		
City/	Ado FL 328 (State and Zip Code)	<u>D/</u>		
For further information concerning this matter, please	call:	SECA	OS AUG 1	ean tord
(Name of Person)	at (407 435 (Area Code & Daytime To	S885 g	S	**************************************
Enclosed is a check for the following amount:		TORI LORI		تعدر چراد
□ \$125.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	9	
STREET ADDRESS:	MAILING A	DDRESS:		

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
ARTICLE II - Address:	TROUP LLC
The maning address and sheet address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2044 33:25t.	151 E. Washington St. #606
arlando FL 32839	Orlando FL 32801
ARTICLE III - Registered Agent, Registered	l Office, & Registered Agent's Signature:
The name and the Florida street address of the	registered agent are:
Wilciam_	Bishop
Florida street add	Instrinction St. #boliness (P.O. Box NOT acceptable)
Orlando City, State,	
liability company at the place designated in t registered agent and agree to act in this capacit	accept service of process for the above stated limited - this certificate, I hereby accept the appointment ds y. I further agree to comply with the provisions of all
	erformance of my duties, and I am familia with and stered agent as provided for in Chapter 69%, F.S
registered Agent'	S Signature.

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MAR	William L. Brishof 1816. Washington St. #606 orlando, Fr. 32861
(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.
of this documen	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)
**************************************	Typed or printed name of signee

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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