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# TRANSMITTAL LETTER

Τ		ration Section on of Corporat	ions				
, s	UBJECT: _	TRINITY	TECHNOLOGY	Y DESIG	N, L	LC.	-
			(Name o	of Limited I	_iability	Company)	
Т	he enclosed A	rticles of Orga	unization and fee(s	) are subm	itted for	filing.	
P	lease return al	l corresponder	nce concerning this	s matter to	the follo	wing:	
		Donald 3	r. Piorek				
		(Na	ame of Person)				
		ACCOUNTAX BUSINESS SERVICES, INC.					
_		(Fi	rm/Company)				
******	125 E. Lake Street, Suite 201						
		(Ac	idress)				
	<del></del>		gdale, IL 6 ty/State and Zip Coo			<u> </u>	
Fe	or further info	rmation conce	rning this matter, p	olease call:			
			r. Piorek	at (		0 ) 351-	
		(Name of Per	son)		(Area Co	ode & Daytime T	elephone Number)
Enclosed	is a check fo	r the followin	ng amount:				
<b>⊠</b> \$125.0	00 Filing Fee		0 Filing Fee & icate of Status		.00 Fili	_	J \$160.00 Filing Fee, Certificate of Status &
	* **			(addi	tional co	py is enclosed)	Certified Copy (additional copy is enclosed)
		ET ADDRESS	S:	*			G ADDRESS: on Section
Registration Section Division of Corporations 409 E. Gaines Street							of Corporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

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The name of the Limited Liability Company is:

TRINITY TECHNOLOGY DESIGN, LLC.

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

# Mailing Address:

1631 S.	Federa]	Hi	.ghway	#302
Pompano	Beach,	FL	33062	2

1631 S. Federal Highway #302 Pompano Beach, FL 33062

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

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

David	A E	. Vra	anica	ar :	
		Name	}		
1631	s.	Fede	eral	Highway	#302
Florida street address (P.O. Box NOT acceptable)					
Pompano	Bea	ach	FL	33062	
	City	. State.	and Zir	)	

05 AUG 15 PH 12: 23
SEURLTARY OF STATE
TALLAHASSEE FLORIDA

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Address:  Member
MGRM	David A. Vranicar
	1631 S. Federal Highway #302
	Pompano Beach, FL 33062
MGRM	Dee Anne Lattman
	1631 S. Federal Highway #302 Pompano Beach, FL 33062
,	
494 -	
(Use attachment if neces NOTE: An additiona REQUIRED SIGNAT	l article must be added if an effective date is requested.
Sign	attare of a member or an authorized representative of a member.
oft	accordance with section 608.408(3), Florida Statutes, the execution his document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)
•	David A. Vranicar
	Typed or printed name of signee
	Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)