

LOS-000083227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

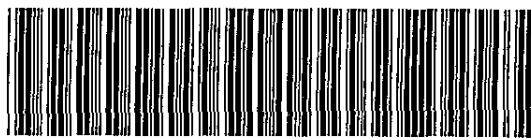
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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LOS-83227
AK

11100 S.W. 78 Ct
Pinecrest, FL 33156
August 16, 2005

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

We would like to register our limited liability company with the State of Florida. Our company will be called TRIMAR Homes, LLC. My contact information is as follows:

Tricia Kong
11100 S.W. 78th Court
Pinecrest, Florida 33156
(305) 332-4598

If you have any questions, please call me.

Thank you.

Sincerely,

Tricia Kong

Tricia Kong

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TALLAHASSEE, FLORIDA

Enclosures

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIMAR HOMES, 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:

TRICIA KONG
(Name of Person)

TRIMAR HOMES, LLC
(Firm/Company)

11100 S.W. 78TH COURT
(Address)

PINECREST, FLORIDA 33156
(City/State and Zip Code)

For further information concerning this matter, please call:

TRICIA KONG at (305) 332-4598
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

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

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRIMAR HOMES, LLC

ARTICLE II - Address:

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

Principal Office Address:

11100 S.W. 78TH COURT
PINECREST, FLORIDA 33156

Mailing Address:

11100 S.W. 78TH COURT
PINECREST, FLORIDA 33156

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

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

TRICIA KONG

Name

11100 S.W. 78th COURT

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

PINECREST, FL 33156

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, E.S.

Tricia Kong

Registered Agent's Signature

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

TRICIA KONG

11100 S.W. 78TH COURT

PINECREST, FL 33156

MGR

MARIO PORCELLI

2642 COLLINS AVENUE #409

MIAMI BEACH, FLORIDA 33140

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Tricia Kong

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.)

TRICIA KONG

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)

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TALLAHASSEE, FLORIDA

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