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TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: Mandraccia-Trowbridge Holdings, LL	.c	
(Name of Limited	d Liability Company)	
The enclosed Articles of Organization and fee(s) are st	ubmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Kerry Trowbridge		
O	Name of Person)	
Mandraccia-Trowbridge Holdings, LLC		
0	Firm/Company)	
28110 L. Burton Fletcher Court		05 AU SEC TALL
	(Address)	412 A
Bonita Springs, FL 34135	/State and Zip Code)	OS AUG ZY FR ZY I
(Cny/	State and Zip Code)	
For further information concerning this matter, please	call:	>
Kerry Trowbridge	at (239) 841-5949	
(Name of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigcup \$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:	MAILING A	
Registration Section Division of Corporations	Registration Section Division of Corporations	
409 E. Gaines Street	P.O. Box 632	7
Tallahassee, Florida 32399	Tallahassee, F	Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Mandraccia-Trowbridge Holdings, LLC		
ARTICLE II - Address:		
	f the principal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
28110 L. Burton Fletcher Court	28110 L. Burton Fletcher Court	
Bonita Springs, FL 34135	Bonita Springs, FL 34135	 , -
ARTICLE III - Registered Agent, Reg The name and the Florida street address Kerry Trowbridge	istered Office, & Registered Agent's Signa	AUG 29
The name and the Florida street address	istered Office, & Registered Agent's Signa	AUG 29 PM
The name and the Florida street address	istered Office, & Registered Agent's Signa of the registered agent are:	AUG 29
The name and the Florida street address Kerry Trowbridge 28110 L. Burton Fletch	istered Office, & Registered Agent's Signa of the registered agent are:	AUG 29 PM
The name and the Florida street address Kerry Trowbridge 28110 L. Burton Fletch	ristered Office, & Registered Agent's Signa of the registered agent are: Name Ner Court street address (P.O. Box NOT acceptable)	AUG 29 PM

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..

(CONTINUED)

Page 1 of 2

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 Member	Name and Address:
MGR	Kerry Trowbridge
	28110 L. Burton Fletcher Court
	Bonita Springs, FL 34135
MGR	Robert V. Mandraccia
	8669 Patty Berg Court
	Ft. Myers, FL 33919
	
(Use attachment if necessary)	
NOTE: An additional article m	ust be added if an effective date is requested
REQUIRED SIGNATURE:	
Karry	owhile
Signature of a me	mber or an authorized representative of a member.
of this document c	h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.)
Kerry Trowbridg	
	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)