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ATTACHMENT

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

Registration Office:

Please fine enclosed registrations document for the Trinity African Market, LLC and a check for one hundred sixty dollars and 00/100 (\$160.00) the applicable fees. The said organization has also obtained an EIN 20-3263019.

Please address all communications to me as addressed below.

Respectfully yours,

Albert L. Cooper, Jr 612-578-1115 323 Brier Rose Lane

Orange Park, FL 32065

Email Address: cooper310138@aol.com



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: TRINITY AFRICAN MARKET, 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:
Albert L. CooperJR
(Firm/Company)
323 BRIEV ROSE LANE (Address)
Orange Park, FL 32065 (City/State and Zip Code)
For further information concerning this matter, please call:
Albert L. Cooper at 612 578-115 (Name of Person) at 612 S78-115 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRINITY AFRICAN MARKET, LLC

ARTICLE II - Address:

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

Principal Office Address:

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

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

Albert L. Cooper

Name

323 Brier Rose Lu

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

Orange Park FL 32065

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, F.S..

(CONTINUED)

Page 1 of 2

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MORM	ELIZABETH NJONG Mbomeh 1344 Cesery Road SACKSONVILLE FL 32065	
MGR	Albert L. Cooper In 323 Brier Rose Lanke Brange Mark, FC 32065	
· · · · · · · · · · · · · · · · · · ·	ZIGN SEP T	
(Use attachment if necessary)	FILED EP-2 # LAMSSEE	
NOTE: An additional article must be added if an effective date is requested.		
REQUIRED SIGNATURE:	REAL PROPERTY.	

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.)

Typed or printed name of signed

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)