

L05000112768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Name  
Address

Signature

Signature

Signature

Signature

Signature

Acknowledgment

W. P. Verifier

DCC

DCC

DCC

DCC

DCC

DCC

Office Use Only



600061499126

11/18/05--01021--014 \*\*125.00

RECEIVED  
TALLAHASSEE, FLORIDA

2005 NOV 18 P 3:14

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tri-Star Properties, 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:

Mary K. Sinclair, Agent

(Name of Person)

(Firm/Company)

21220 Center Ridge Road #250

(Address)

Rocky River, Ohio 44116

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary K. Sinclair

(Name of Person)

at

440

(Area Code & Daytime Telephone Number)

333-5370

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)

**Mailing Address**

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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2005 NOV 18 P 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Tri-Star Properties, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

510 Emma Street  
Key West, FL 33040

#### Mailing Address:

c/o Mary K. Sinclair, Agent  
21220 Center Ridge Road #250  
Rocky River, Ohio 44116

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Charles T. Simon

Name

510 Emma Street

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

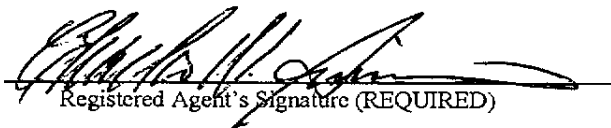
Key West

FL

33040

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.*

  
Registered Agent's Signature (REQUIRED)

FILED  
P 3:14  
CLERK OF STATE  
OF FLORIDA

(CONTINUED)

**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:**

MGRM

Charles T. Simon

510 Emma Street

Key West, FL 33040

MGRM

Gary Giesler

c/o 6864 Engle Road

Cleveland, OH 44130

MGRM

Diane Huzar

2430 Pebblebrook

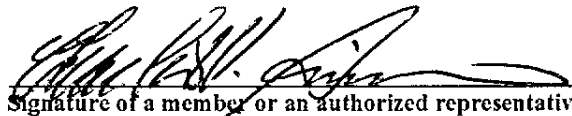
Westlake, OH 44145

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
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.)

Charles T. Simon

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)**

FILED  
2018 NOV 18 P 3:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA