

LOS-000 119891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LOS-119891
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trimster Unlimited, 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:

Robert C. Humphrey
(Name of Person)

(Firm/Company)

17401 First Street
(Address)

Montverde FL 34756
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert C. Humphrey
(Name of Person)

at

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 OR ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

TRIMSTER UNLIMITED, LLC

ARTICLE II – Address:

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

Principal Office Address:

17401 FIRST STREET
MONTVERDE, FL 34756

Mailing Address:

17401 FIRST STREET
MONTVERDE, FL 34756

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's

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

Name:	ROBERT C HUMPHREY
Street Address (P.O. Box <u>not</u> acceptable):	17401 FIRST STREET
City, State, and Zip:	MONTVERDE, FL 34756

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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 popper 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, Florida Statutes..



Registered Agent's Signature

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

ROBERT C. HUMPHREY

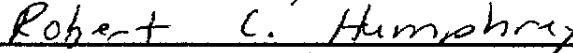
NOTE: An additional article must be added if an effective date is requested.

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.)



Typed or printed name of signee

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