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SECRETARY OF SISSEN FLORES ALLAHASSEE, FLORES AND AMBRICAN SEE, FLORES

10-05



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2005

TEECHEE G. TAYLOR 1663 PEBBLEBEACH BLVD. GREEN COVE SPRINGS, FL 32043

SUBJECT: T.R.D. LLC

Ref. Number: W05000055097

We have received your document for T.R.D. LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 9, 2005. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 605A00071951

COVER LETTER

| TO: Registration S Division of C | | | | |
|----------------------------------|---|---|--|-------------|
| subject: T.R.I | D. LLC | | | |
| Sobolica: | | d Liability Company) | | |
| The enclosed Articles | of Organization and fee(s) are s | ubmitted for filing. | | |
| Please return all corres | pondence concerning this matte | er to the following: | | |
| <u>Teeche</u> | e G. Taylor | | | |
| | (| Name of Person) | | |
| T.R.D. I | | | | |
| · | (| Firm/Company) | | |
| 1663 P | ebblebeach Bl | vd. | | |
| | | (Address) | | |
| Green | Cove Springs | | | |
| | (City | /State and Zip Code) | EX | 200 |
| | | ,, | 58 | 2005 DEC 12 |
| For further information | concerning this matter, please | call: | ASS A | |
| Debbie I. Ta | ylor | at (904) 284-10 (Area Code & Daytime T | 051 변출 | N ≥ |
| (Nam | e of Person) | (Area Code & Daytime T | elephone Number) | = |
| | | | | <u>-</u> |
| Enclosed is a check f | for the following amount: | | • • • | C |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Certificate of Statu Certified Copy (additional copy is encl | s & |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ons Circle | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| T.R.D. LLC | |
|---|--|
| | "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: | Mailing Address: |
| T.R.D. LLC 1663 Pebblebeach Blvd. | Same |
| Green Cove Springs Fl. 32043 | 77.5 ZZ |
| ARTICLE III - Registered Agent, Registre Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) | stered Office, & Registered Agent's Signature |
| The name and the Florida street address o | f the registered agent are: |
| Teechee G. Taylo | or Self-control of the registered agent are: |
| | Name Sin Ch |
| 1663 Pebblebea | ach Blvd. ———— |
| Florida str | reet address (P.O. Box NOT acceptable) |

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)

Green Cove Springs FL 32043

City, State, and Zip

(CONTINUED) Page 1 of 2

12-18-05

| ARTICLE IV- Manager(s) or Manager The name and address of each Manager | |
|---|--|
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
| MGRM | Teechee G. TAYlor 1663 febble Beach Blud. Green Cove Springs, Fl 32043 |
| MGRM | RAChael M. TAYlor Hele 3 Pebble Beach Blvd. Green Cove Springs, Fl 32043 |
| MGRM | Debbie I. Taylor 1663 Pebble Brach Blod. Green Cove Springs, FL 32043 |
| | |
| (Use attachment if necessary) ARTICLE V: Effective date, if other than the da | te of filling: 12-10-2005 (PEONE) |
| (If an effective date is listed, the date must be s to or 90 days after the date of filing.) | pecific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: Signature of a member of | an authorized representative of a member. |
| (In accordance with section of this document constitute that the facts stated here. Debbie I | on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury sin are true.) |
| | d 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)