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104 of

## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT: Trimy	works by Tom T	rezise, LLC	
	(Name of Limit	et Liability Company)	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Thomas	L. Trezise, Sr	(Name of Person)	
Trimwor	ks by Tom Tre	zise, LLC (Firm/Company)	
7290 S	unshine Hill R	oad (Address)	
Molino,	FL 32577	y/State and Zip Code)	
For further information	concerning this matter, please	· · · · · · · · · · · · · · · · · · ·	
Thomas L. T	rezise. Sr.	_at ( 850	345 elephone Number)  SECRETARY ALLAHASSI
(Name	e of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	Certificate of Status	S155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status &
	+ #25.00 CERTIFICAT	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	op Convers	ION	(momentum ask) in amazagan)
	Mailing Address  Degistration Section	Street/Courier Address	<u>ss</u>

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

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

### **CERTIFICATE OF CONVERSION**

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the attached articles of organization and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this document was:  Trimworks by Tom Trezise		
		•
SECOND:	The date on which and the jurisdiction in which the unincorporated busines	s was first
	therwise came into being are:	
A.	Date: 10/17/05	
В.	Jurisdiction: Escambia Co. FL	•
C.	If different from the above noted jurisdiction, the jurisdiction immediate its conversion:	ely prior to
THIRD: The organization	ne name of the limited liability company as set forth in the <u>attached</u> articles is:	of
Trimworks	by Tom Trezise, LLC	
	homes Lours An	<b>™</b> . ~
	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 tr	1006 JAN -5 SECRETARY
	Thomas L. Trezise, Sr.	SS A
		Property Control of the Control of t
	Typed or Printed Name of Signee	PH 1: 22 OF STATE FLORIDA
		SE S
	FILING FEES:	
	\$100.00 Filing Fee for Articles of Organization \$ 25.00 Filing Fee for Registered Agent Designation	
	\$ 25.00 Filing Fee for Certificate of Conversion	
	\$ 30.00 Certified Copy (antional)	

\$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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			# <b>#</b> "	_	134	

The name of the Limited Liability Company is:

Trimworks by Tom Trezise, LLC

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

#### **ARTICLE II - Address:**

Molino, FL 32577

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

Molino, FL 32577

# Principal Office Address:Mailing Address:Trimworks by Tom Trezise, LLCThomas L. Trezise, Sr.7290 Sunshine Hill Road7290 Sunshine Hill Road

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:

<u>Thomas l</u>	L. Trezise, Sr.	
	Name	•
7290 Su	nshine Hill Road	
	Florida street address (P.O. Box NOT acceptable)	
Molino	<sub>FL</sub> 32577	
	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)

(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	Thomas L. Trezise, Sr. 7290 Sunshine Hill Road Molino, FL 32577
MGRM	Vicki L. Trezise 7290 Sunshine Hill Road Molino, FL 32577
MGRM	Melisa J. White 1016 Muscogee Road Cantonment, FL 32533
(Use attachment if necessary)	SECRET ALLAHA
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.)

Thomas L. Trezise, Sr.

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)