2060000033845

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	_
operating district,	١
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Office Use Only



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SECRETARY OF STATE OIVISION OF CORPORATIONS

B



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2006

JACQUELINE VAFA

1172 S. DIXIE HWY #502 CORAL GABLES, FL 33146

SUBJECT: TRIDON HOMES LLC Ref. Number: W06000009154

We have received your document for TRIDON HOMES LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$72.50.

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 call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 806A00013040

2006 MAR -6 PM 3. LE

COVER LETTER

TO: Registration Sec Division of Cor					
SUBJECT:	(Name of Limite	Homes U	<u> </u>		
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.			
Please return all correspo	ondence concerning this matte	er to the following:			
Ja	cqueline	Vafa Name of Person)			
Tric	lon Home	s uc		2004	DIVIS
117	2 S. Dix	(Firm/Company)	502	MAR -6	CRETARY
		(Address) V		2	용우
Cor	ae babile	1 17 331	46	င္မ	SIA
	(City	/State and Zip Code)		16	5
For further information c	oncerning this matter, please	call:			
Jaque	line Veta	at (3)1 438	5683		
(Name o	of Person)	(Area Code & Daytime	Telephone Number)		
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 Certificate of Statu Certified Copy (additional copy is enc	ıs &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

(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:

Mailing Address:

Longwood Pi 22719 Corne bables 2

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:

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MORM	Jacqueline Vafa 112/5 Desile Hury #500 Corol Cables, Pr 133144
	2006 MAR
	2
(Use attachment if necessary)	6
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effective date is listed, the date must l	te date of filing: (OPTIONAL) be specific and cannot be more than five business days pr
effective date is listed, the date must I	te date of filing: (OPTIONAL) be specific and cannot be more than five business days pr
effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days pr
effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of the date of the	be specific and cannot be more than five business days p ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

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)