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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	; #)
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COVER LETTER

TO: Registration Se Division of Con			
SUBJECT:		tering Co.,	LLC
	(Name of Limited	Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	abmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	iania 6.	Moura	
J		er/ng Co.	LLC
	5702 H	ARRIS RIDG	e LIV
- -		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	RIVERVIEW	FL 33	569
	(Cîty/	State and Zip Code)	
For further information	concerning this matter, please	call:	
Tania	of Person)	at (X13) 67. (Area Code & Daytime T	1-5783 elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Cosporation Clifton Building 2661 Executive Center	ons r Circle

15.86-863 AB 15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(wast end with the words trimate tracemety company, trimate	company of their anti-content into, or their j
ARTICLE II - Address: The mailing address and street address of the price.	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
5702 HARRIS Ridge LN Riverview FL 33569	5702 HARRIS Ridge) N RIVERVIEW FL 33569
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Tania C.	Moura
5702 HARRI	S Ridge L N ess (P.O. Box NOT acceptable)
_	
Rivery E. City, State, an	47. >>> \ 7
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (NEQUIRED)

(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: Name and Address: Title: "MGR" = Manager

"MGRM" = Managing Member (Use attachment if necessary) .(OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: (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.)

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)