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J. BRENT BARNAKY
MARK A. OSSIAN \*\*
JOSEPH R. PARK ±
MICHAEL J. PARK

# PARK AND OSSIAN, P.A.

—Attorneys at Law—

PLEASE REPLY TO:
P.O. BOX 5088
CLEARWATER, FLORIDA 33758

PHONE (727) 726-3777 FAX (727) 797-6463

± 80ARD CERTIFIED CIVIL TRIAL LAWYER \*CERTIFIED FAMILY MEDIATOR

\*CERTIFIED PUBLIC ACCOUNTANT

July 13, 2006

Registration Section Division of Corporations P.O. Box 6237 Tallahassee, FL 32314

Re: TRI PERFECTION, LLC
ARTICLES OF ORGANIZATION

The enclosed Articles of Organization and fees of \$130.00, representing your filing fee and Certificate of Status, are submitted herein for filing. Please return all correspondence concerning this matter to my addressed listed above.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

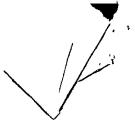
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MAO/kr Enclosures

cc: James L. Nicholson

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# **ARTICLES OF ORGANIZATION**

### **FOR**

# TRI PERFECTION, LLC, A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: NAME

The name of the limited liability company is TRI PERFECTION, LLC.

**ARTICLE II: ADDRESS** 

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

> 2300 Tall Pines Drive, Suite 126 Largo, Florida 33771

# ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the Limited Liability Company's Registered Agent are:

> James A. Nicholson 2300 Tall Pines Drive, Suite 126 Largo, Florida 33771

Having been named as Registered Agent 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.

ØLSON, Registered Agent

# **ARTICLE IV: MANAGING MEMBERS**

The name and address of each Manager or Managing Member is as follows:

**Title** 

Name and Address

James A. Nicholson, Managing Member (MGRM)

2300 Tall Pines Drive, Suite 126

Largo, FL 33771

Michael W. Harris, Managing Member (MGRM)

2300 Tall Pines Drive, Suite 126

Largo, FL 33771

**ARTICLE V: EFFECTIVE DATE** 

The effective date shall be the date of filing.

AMES . NICHOLSON, Managing Member

716/

MICHAEL W. HARRIS, Managing Member

(In accordance with §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.)

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