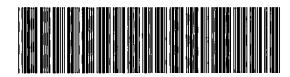
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
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COVER LETTER

TO: Registration Se Division of Co		· •	
•	demark In	vestment Er ed Liability Company)	terprises, LLC
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	oondence concerning this matt	er to the following:	
	Heve Br	annon	·
,		(Name of Person)	
		(Firm/Company)	
436	54 Rabbit	Pond Ct.	
Tal	lahassee, F	(Address)	
	(City	Vistate and Zip Code)	
For further information	concerning this matter, please	call:	
(Name	of Person)	at ()_ (Area Code & Daytime	Telephone Number)
Enclosed is a check for	or the following amount:		
		•	•
5 \$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status.	ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	ρ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address	<u>ess</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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Trademark Investment Enterprises, LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LC.,")

ARTICLE II - Address:

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

rincipal Office Address:	<u>Maining Address:</u>	
1354 Rabbit Fond Ct. Tallahassee, FL 32309	Same	
Tallahassee, FL 32309		
,		
PETOLE III D : 4 LA . D : 4	100° 0 D '4 14 4 6'	
RTICLE III - Registered Agent Register	en Clitice & Registeren Agent's Sign	ят

(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:	SE TAL	
Steve Brannon	SEP CREET LAH	•
Name O 1 0 1	-1 (ARY ASSI	0
4354 Kabbit Kond Ct.	E.F.	
Florida street address (P.O. Box <u>NOT</u> acceptable)	3: 1 SIA LOR	
City, State, and Zip	2 IDA	

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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: ·. (OPTIONAL) (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.)

Typed or printed name of signee

rannon

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)