

(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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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT: Trinity Home Improvements L.L.C (Name of Limited Liability Company)					
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Desmond Corrigan (Name of Person)					
trinity Home Improvements L.L.C. (Firm/Company)					
1360 Cibola D.r. (Address)					
Melbourne F.L. 32934					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Desmond Corrigan at (321) 254-6849 (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$125.00 Filing Fee Status Stat					
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					



December 15, 2006

DESMOND CORRIGAN 1360 CIBOLA DRIVE MELBOURNE, FL 32934

SUBJECT: TRINITY HOME IMPROVEMENTS, L.L.C.

Ref. Number: W06000054064

We have received your document for TRINITY HOME IMPROVEMENTS, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 13, 2006. Please amend your document accordingly.

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) 245-6853.

Leslie Sellers Document Specialist

Letter Number: 206A00071367

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Must end with the wo	Hone	Improv ty Company, "Limit	vemen red Company" or th	5, neir abbreviati	<u></u>	.C.,")
ARTICLE II - A The mailing add		ddress of the pr	rincipal office	of the Lim	nited Liabilit	y Company is:

Frincipal Office Address:	Maning Address:
1360 Cibola D.M.	1360 CIBO/W. D.C.
Melbourne , FL.	Melbourne. F.L.
320211	37//24

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Desmond Corrigues

Name

1360 Cibo La Den

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

Melbourne FL 32934

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)
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DIVISION OF CORPORATIONS

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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	
M.G.R.	Desmond Corrigan 1360 Cibola Dr. Melborne, F.L. 32934
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(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (Ifan effective date is listed, the date must be to or 90 days after the date of filings).	date of filing: (OPTIONAL) e.specific.and.cannot.be.more than five business days prior
REQUIRED SIGNATURE:	
Θ	

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

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)

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