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SECRETARY OF STATE
ALLAHASSEE, FIORIO

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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJ	ECT: TRILO	GEE ENTERPRISES (Name of Limiter		pany)	The state of the s	-
		,	•	,		
The er	nclosed Articles of	Organization and fee(s) are s	ubmitted for fili	ng.		
Please	return all corresp	ondence concerning this matte	er to the following	ıg:		
	•	_				
	EARL R FF					
		()	Name of Person)		SE	200
TRILOGEE ENTERPRISES LLC		CRE LAH				
		(Firm/Company)		35	⅓
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			(Address)			, L
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		(City	/State and Zip Co	de)		
For fu	rther information	concerning this matter, please	call:			
EAR	L R FRAZIE	R SR	at (352	361-080	1	
	(Name of Person) (Area Code & Daytime Telephone Number)				_	
Enclo	sed is a check for	or the following amount:				
□ \$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Certified Co (additional cop	ру	✓ \$160.00 Filing Certificate of Stan Certified Copy (additional copy is e	tus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Division Clifton 2661 E	Courier Address ation Section on of Corporation Building executive Center assee, FL 32301	ons r Circle	

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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:
12761 NW 1004St 12761 NW 10054 CEALA FT 3482 CEALAFT 3482.
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)
Portua siteet address (1.0. Box 1401 acceptable)

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) 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: Title: "MGR" = Manager "MGRM" = Managing Member MGRM" = Managing Member 1200 4w 100 54 CALA-17 34482

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SEGRETARY OF STATE
TALLIAHASSEE, FLORIDA

(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.)

TAPL R FRAZIEV SA

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)