

L6 70000 43942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

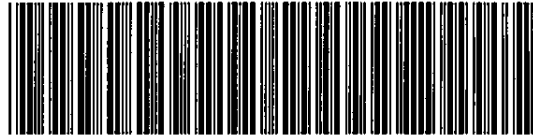
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700097930127

04/24/07--01034--011 \*\*130.00

2007 APR 24 P 12: 14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

AL

**WILLIAMS COULSON**  
ATTORNEYS AT LAW

15TH FLOOR • TWO CHATHAM CENTER • PITTSBURGH, PA 15219  
(412) 454-0200 • FAX: (412) 281-6622

Tracey L. Maier  
(412) 454-0236  
tmaier@williamscoulson.com

April 20, 2007

**VIA FEDERAL EXPRESS**

Department of State, Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Articles of Organization for Trinity Leisure Services, LLC

Dear Sir or Madam:

Please find enclosed the following:

1. Articles of Organization for Trinity Leisure Services, LLC.
2. Check for \$130 for the filing fee & certificate of status, made payable to the Florida Department of State.

Please send any receipts or correspondence back to me at the following address:

Tracey L. Maier, Esq.  
Williams Coulson  
1500 Two Chatham Center  
Pittsburgh, PA 15219.

If you should have any questions or comments, please contact me immediately at (412) 454-0236.

Very truly yours,



Tracey L. Maier

**FILED**  
2007 APR 24 P 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Trinity Leisure Services, LLC  
(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:

Tracey L. Maier, Esq.

(Name of Person)

Williams Coulson

(Firm/Company)

1500 Two Chatham Center

(Address)

Pittsburgh, PA 15219

(City/State and Zip Code)

**FILED**  
2007 APR 24 P 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Tracey L. Maier, Esq.

(Name of Person)

at ( 412 )

454-0236

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 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 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:

Trinity Leisure Services, LLC

(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:

1111 N. Congress Avenue  
West Palm Beach, FL 33409

### Mailing Address:

1111 N. Congress Avenue  
West Palm Beach, FL 33409

**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:

Sean Rooney

Name

302 Seabreeze Avenue

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

Palm Beach

FL 33480

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)

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

**Name and Address:**

MGR

Sean Rooney

302 Seabreeze Avenue

Palm Beach, FL 33480

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

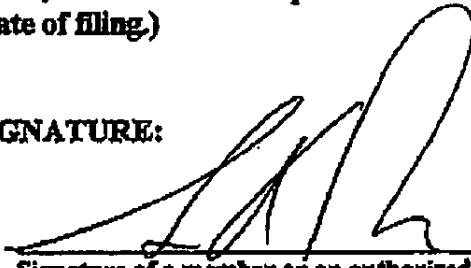
(Use attachment if necessary)

**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.)**

FILED  
2001 APR 24 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.)

Sean Rooney, Authorized Representative

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)**