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## **COVER LETTER**

	ration Section on of Corporations
SUBJECT:	TRON MONTAIN CONSULTANTS, LLC (Name of Limited Liability Company)
_	(Name of Limited Liability Company)
The enclosed A	rticles of Organization and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	MRS. FRAN EKENBERG
	(Name of Person)
	IRON MOUNTAIN CONSULTANTS, LLC (Firm/Company)
·	(Firm/Company)
	(Firm/Company)  7048 ANTINOR'I LANE (Address)
	(Address)
	BOYNTON BEACH, FL 33437  (City/State and Zip Code)
<del></del>	(City/State and Zip Code)
For further info	rmation concerning this matter, please call:
MRS. H	(Name of Person) at (561) 733 0029  (Area Code & Daytime Telephone Number)
Enclosed is a	check for the following amount:
☐ \$125.00 Fili	rig Fee \$\bigcup \\$130.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \\$155.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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: TRON MOUNTAIN CONSULTANTS, 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: **Mailing Address:** 7048 ANTINORI LANE 7048 ANTINORI LANE BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 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: ROBERT P. EISENBERGName 7048 ANTINOR! LANE Florida street address (P.O. Box NOT acceptable) BOYNTON BEACH FL 33437 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..

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	MRS. FRAN EIGENBERG- 7048 ANTINORI LANE BOYNTON BEACH, FL 33437	
MGR	MR ROBBERT P. EISENBERG 7048 ANTINORI LANE 2 BOYNTON BEACH, FL 33437	
(Use attachment if necessary)		
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)	ne date of filing: (OPTIONAl be specific and cannot be more than five business day	

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.)

ROBERT P. EISENBERG-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)