

607000050570

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000130312 3)))



H070001303123ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : GRAY ROBINSON, P.A.
Account Number : I20000000092
Phone : (863) 284-2200
Fax Number : (863) 688-0310SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY 11 PM 3:43

RECEIVED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

TRIFACTOR, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2301 MAY 11 AM 8:51

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

607-50570
5/11/2007
AK

(H070001303123)

ARTICLES OF ORGANIZATION
OF
TRIFACTOR, LLC

The undersigned hereby present(s) these Articles of Organization for the formation of a
Limited Liability Company pursuant to the Florida Limited Liability Company Act.

ARTICLE I

NAME

The name of the Limited Liability Company is TRIFACTOR, LLC.

ARTICLE II

PRINCIPAL OFFICE

The street address of the Limited Liability Company is 2401 Drane Field Road,
Lakeland, Florida 33811.

ARTICLE III

DURATION

The Limited Liability Company shall have perpetual existence, commencing on the date
of the execution and acknowledgment of these Articles of Organization.

ARTICLE IV

PURPOSE

The Limited Liability Company is organized for the purpose of transacting any and all
lawful business.

(H070001303123)

FILED
2007 MAY 11 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(H070001303123)

ARTICLE V

MANAGEMENT

The Limited Liability Company is to be a manager managed company.

ARTICLE VI

INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT

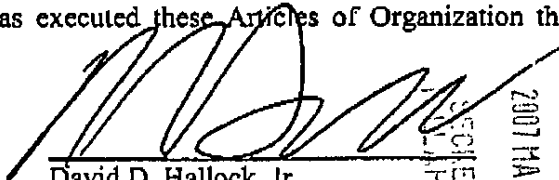
The street address of the initial registered office of the Limited Liability Company is One Lake Morton Drive, Lakeland, Florida 33801 and the name of the initial registered agent of the Limited Liability Company at that office is David D. Hallock, Jr.

ARTICLE VII

INDEMNIFICATION

Except to the extent otherwise provided in the Operating Agreement of the Limited Liability Company, the Limited Liability Company shall indemnify each person or entity who was or is a Member, director, officer, employee or agent of the Limited Liability Company to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Limited Liability Company, has executed these Articles of Organization this 11th day of May, 2007.


David D. Hallock, Jr.

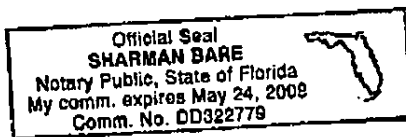
2007 MAY 11 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(H070001303123)

STATE OF FLORIDA
COUNTY OF POLK

The foregoing Articles of Organization were acknowledged before me this 11th day of May, 2007, by David D. Hallock, Jr. as an authorized representative of a Member of the Limited Liability Company, who is personally known to me.



Sharmen Bare
NOTARY PUBLIC, State of Florida at Large

(Printed Name)

My commission expires: _____

(AFFIX NOTARY SEAL)

My commission number: _____

**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 AND SECTION 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is TRIFACTOR, LLC.
2. The name and street address of its initial Registered Agent and initial Office are:

David D. Hallock, Jr.
GrayRobinson, P.A.
One Lake Morton Drive
Lakeland, FL 33801

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.

David D. Hallock, Jr.
DAVID D. HALLOCK, JR.

Date: May 11th, 2007