## L07000077052

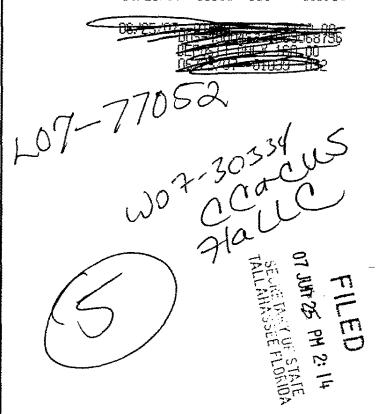
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300104796883

300104796883 06/25/07--01039--033 \*\*160.00



Effective date
June 20,07

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	Ri-Forbes,	LLC	
<u></u>	<del></del>	d Liability Company)	<u> </u>
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
	ZISHA BEC	ZNex	
<del>,</del>		Name of Person)	
		Firm/Company)	
P.0	BOX 18L	17	
		(Address)	
m	nneola, 1	FL 34755 /State and Zip Code)	<u> </u>
	(City	/State and Zip Code)	
For further information	on concerning this matter, please	cali:	
		· -	1220
Trusho		#352,267	-105/1
(Na	me of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check	for the following amount:		
□ \$125.00 Filing Fe	e \$\int \\$130.00 \text{ 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns





June 27, 2007

TRISHA BROWNE P.O. BOX 1847 MINNEOLA, FL 34755

SUBJECT: TRI-FORBES, LLC Ref. Number: W07000030334

We have received your document for TRI-FORBES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the 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) 245-6949.

Letter Number: 307A00041948

RUSSELL L HUNT Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY,
ARTICLE I - Name: The name of the Limited Liability Company is:
TRI-FORDES, 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:
12220 Hull Road P.O. Box 1847 Cleimont, FL Minneda FC 34755
34711
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:
Browne Investments Property
4
404 South HighWAY 27
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)  Cles mont FL 347/1  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.
11/1/2
Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

	<u> </u>
ARTICLE IV- Manager(s) or Ma The name and address of each Man	inaging Member(s): ager or Managing Member is as follows:
•	
Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	27
_	TrishA-Browne
MGRU_	1120014101000112
	Min 20018, FC 34755
MARIM	
TVIOLOVI	Flace Forbes
	Cleiment & 37411
	- CALIFREIT / FG TELL
- · ·	·
(Use attachment if necessary)	
CLEV. Effective date if other than the	ne date of filing: Tyne 20 2007. (OPTIONA
effective date is listed, the date must	be specific and cannot be more than five business day
0 days after the date of filing.)	
REQUIRED SIGNATURE:	
	MAR
Signature of a mem	ber or an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution
of this document con	stitutes an affirmation under the penalties of perjury
that the facts stated	therein are true

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)

Typed or printed name of signee