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

TO: Registration Se Division of Cor				
SUBJECT: The	(Name of Limited	L.L.C. d Liability Company)		
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.		
Please return all correspo	ndence concerning this matte	er to the following:		
Trevo	- Leighton	Name of Person)		
•		Name of Ferson)		•
	(Firm/Company)		
5500	·	• •		
_3/83	1 Kenai Ct	(Address)		
Tallaha	ssee, FL 3%	(31/)	O7 AUS	
	(City	/State and Zip Code)	AR) ASS	CARROLL 1
For further information c	oncerning this matter, please	call:	PH PH	
Trevor Mu	rphy	at (850) S09-5	952 RE 5	J
(Name o	orrerson)	(Area Code & Daytime Tele	pnone 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 C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRA All Day L.L.C.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
5584 Kenai Ct Tallahassee Florida Tallahassee FL 32311 32311
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 of another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Tevo C. Murph Name Name
SS84 Kengi Ct Florida street address (P.O. Box NOT acceptable)
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 al 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

The name and address of each Manager of	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MARM	Trevor L. Murphy Tallahassee, Florida 32311
	O7 AU SECTION TALLAH
(Use attachment if necessary)	ASSEE, F
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Trew My	shap-
Signature of a member or	an authorized representative of a member.

ARTICLE IV- Manager(s) or Managing Member(s):

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury