## L07000084864

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	•
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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DE CORPORATIONS

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	ECT: TRI-FORD	ES imited Li	Real ability Comp	pany)	LLC
The en	aclosed Articles of Organization and fee(s)	are subm	nitted for filin	ıg.	
Please	return all correspondence concerning this	matter to	the following	g:	
	Trisha Browne				
		(Nam	e of Person)		
	Tri-Forbes, LLC				
		(Fim	n/Company)		
	P.O. Box 1847				
		(/	Address)		
•	Minneola, FL 34755				
	***************************************	(City/Stat	e and Zip Cod	le)	
For fu	rther information concerning this matter, pl	ease call	:		
Tris	ha Browne	at (	352	, 267-1	037
	(Name of Person)	<del></del> `	(Area Coo	de & Daytime	Telephone Number)
Enclo	sed is a check for the following amount	t:			
<b>□\$</b> 125	.00 Filing Fee \$130.00 Filing Fee Certificate of Status	3 (	6155.00 Filin Certified Co (additional cop	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314		Registrat Division Clifton I 2661 Ex	courier Addration Section of Corporat Building ecutive Cent see. FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	S:
Tri-Forbes Realty, LLC	
(Must end with the words "Limited Lial	oility 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:
3170 Citrus Tower Blvd	P.O. Box 1847
Building 8	Minneola, FL 34755
Clermont, FL 34711	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the	istered Agent. You must designate an individual or another
Browne Investment	Properties, LLC
Nam	e
404 S. US Highway	
Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)
Clermont	FL 34711
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 SECRETARY OF STATES

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

The name and address of each Manager or Managing Member is as follows:

IGRM	Trisha Browne
	P.O. Box 330
	Minneola, FL 34755
MGR	Floyd Forbes
	1356 Legendary Blvd
	Clermont, FL 34711
	/
Use attachment if necessary)	
mar more at the state of	he date of filing: (OPTION

**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.)

Trisha Browne

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)