

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,

(((H07000263028 3)))



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) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I20000000146

Phone

: (305)444-4994

Fax Number

: (305)444-4977

LS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

TRINI ONE, LLC

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

Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

10/24/2007

ECER

0ct 23 2007 22:30

(((H07000263028)))

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Trini One, LLC (Must end with the words "Limited Lipbili	ty Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18901 SW 128 Avenue Mami, Fl. 33177	18901 SW 128 Avenue Miami, Fi. 33177
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ared Agent. You must designate an individual or another
The name and the Florida street address of the re-	egistered agent are:
<u>Deena Richardsor</u>	1
Name	
18901 SW 128 Av	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Miami	PL 33177
City, State, as	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ocept service of process for the above stated limited his certificate, I hereby accept the appointment as . I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	re (REQUIRED)

(CONTINUED)
Page 1 of 2

ZOOT OCT 24 AM IO: 46
SECRETARY OF STATE

(((H07000263028)))

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: "MGR" - Manager "MGRM" - Managing Member -	Name and Address:	
MGRM	Deena Richardson 18901 SW 128 Avenue Miami, Fl. 33177	<u> </u>
		<u>-</u>
		- -
		- -
		_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 23, 2007. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Deena Richardson Typed or printed name of signee

Page 2 of 2

.)