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(Re	questor's Name)			
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COVER LETTER

TO: Registration of Division of	n Section f Corporations		
SUBJECT:	TRIDENT O	ラレOBAL SERU d Liability Company)	DICES, LLC
	(Name of Limite	d Liability Company)	·
	es of Organization and fee(s) are s	-	
Please return all cor	respondence concerning this matte	er to the following:	
	RATMOND BUY	TON DALE	
	(Name of Person)	
	TRIDENT 600	RAL SERVICES	5 () (
	TRIDENT GLO	(Firm/Company)	
	3860 700		
	3809 DALE	(Address)	
_			•
	Palm Spring	65, FL 3340	06-8513
	(City	/State and Zip Code)	
For further informat	tion concerning this matter, please	call:	
	-		
SAYMOND	BUTTON DALE Jame of Person)	at (561) 96	3-2697
(N	lame of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a chec	k for the following amount:		•
☐ \$125.00 Filing F	Fee \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	☑\$160.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Addres	<u>s</u>
	Registration Section Division of Corporations	Registration Section Division of Corporatio	ns
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Tallahassee, FL 32301	Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	A	RT	ICI	Æ	I.	- N	ame	e:
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The name of the Limited Liability Company is:

TRIDENT GLOBAL SERVICES, 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:

3809 DALE 20AD PALM SPYINGS, FLORIDA 33406-8513 3809 DALE 120AD PALM SPYINGS, FLORIDA 33406-8513

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:

CAROL S. GIEDINHAGEN
Name

Florida street address (P.O. Box NOT acceptable)

LAKE WORLH 33463

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

ARTICLE V: Effective date, if other than the date of filing: _______. (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.)

Raymond Burrow DALE
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)