

L07000119871

Florida Department of State
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.

(((H07000289465 3)))



H070002894653ABC6

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 : JEFFREY M. JACOBS, C.P.A., P.A.
Account Number : 110516003447
Phone : (904) 260-0483
Fax Number : (904) 260-0348

07 NOV 30 AM 9: 59

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

The Trizm Puzzle Company, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED
07 NOV 30 PM 3: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

JBM
12/3

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company is:

The Trizm Puzzle Company, LLC

Effective Date: December 1, 2007

ARTICLE II

The street address of the principal office of the Limited Liability Company is:

2640-204 Blanding Boulevard #115

Middleburg, Florida 32068

The mailing address of the Limited Liability Company is:

2640-204 Blanding Boulevard #115

Middleburg, Florida 32068

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV

The name and Florida address of the registered agent is:

Jeffrey M. Jacobs

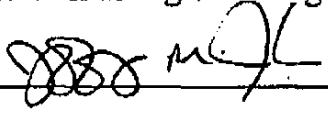
One San Jose Place Suite 25

Jacksonville, Florida 32257

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

FILED
SECRETARY OF STATE
DIVISION OF REVENUE
07 NOV 30 AM 9:59

capacity. I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.

Registered Agent Signature: 

ARTICLE V

The name and address of managing members/managers are:

Title: MGRM
Andrew L. Blakeslee
566 Branscomb Road
Green Cove Springs, Florida 32043

Signature of member or an authorized representative of a member.

Signature:  11-29-2007
Andrew L. Blakeslee Date

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.

Andrew L. Blakeslee
Type or printed name of signee