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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE OIVISION OF CORPORATIONS

# **COVER LETTER**

Registration Section

TO:

Division of Cor	porations	·			
SUBJECT: Trinity	Technology Cor				
	(Name of Limited L	Liability Company)			
The enclosed Articles of	Organization and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter t	o the following:			
Donald P	iorek, E.A.				
		me of Person)			
Accounta	ax Business Serv	ices, Inc.			
	(Fir	m/Company)		_	
125 E. La	ake Street, Suite	201			
		(Address)			9
Blooming	gdale, IL 60108			07 DEC 10 PM 2: 54	DIVISION OF CORPORALIUMS
<del></del>	<u> </u>	ate and Zip Code)		0.1	ON C
To Called Const.	ation and the same of the same	11		0	FCO
For further information of	concerning this matter, please ca	II:		7	RP OR
<b>Donald Piore</b>	k at	630 351-050	00	2:5	2
(Name	of Person)	(Area Code & Daytime Tele	phone Number)	*-	Ž
Enclosed is a check fo	r 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

The name of the Limited Liebility Company is:	
The name of the Limited Liability Company is:	
Trinity Technology Consulting,	LLC.  y Company, "L.L.C.," or "LLC.")  ncipal office of the Limited Liability Company is  Mailing Address:
(Must end with the words Entitled Endom	y company, size, or zee.
ARTICLE 11 - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address: بم
2385 Executive Center Drive	2385 Executive Center Drive
Boca Raton, FL 33431	Boca Raton, FL 33431
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the report David Vranicar  Name	EFFECTIVE DATE
2385 Executive Co	
	ress (P.O. Box NOT acceptable)
Boca Raton,	<sub>FL</sub> 33431
City, State, an	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	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a limited in I further agree to comply with the provisions of all afternance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	David Vranicar	
	2385 Executive Center	
	Boca Raton, FL 33431	
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>January 01, 2008</u>. (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.)

## David Vranicar, Organizer

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)