# 108 000002891

·		
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	<del></del>
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (Bus	siness Entity Nan	ne)
	·	
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
,	·	٠.

Office Use Only



100114120861

01/08/08--01035--021 \*\*155.00

2008 JAN -8 AM II: 02 SECRETARY OF STATE

T. CLINE

JAN - 9 2008

**EXAMINER** 

# **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations
SUBJECT: TRI-V FLORIDA, 22C  (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
LEE A. ROSENTHAL, ESQUIRE (Name of Person)
LEE A. ROSENTHAL, P.A. (Firm/Company)
(Firm/Company)
631 U.S. Hwy. One, Suite 302
(Address)
N. PALM BEACH FL33408 ARE TO BE (City/State and Zip Code)
(City/State and Zip Code)
(Address)  N. PALM BEACH FL33408  (City/State and Zip Code)  For further information concerning this matter, please call:  LEE A. ROSENTHAL at (561) 799-5290  (Compact Represe)  (Address)
LEE A. ROSENTHAL at (561) 799-5290 (Area Code & Daytime Telephone Number)
(Name of Ferson) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: TRI-V FLORIDA, LLC.

### ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: 3110 Surf Way #5, West Palm Beach, FL 33404.

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are: Ted Vidas, 3110 Surf Way #5, West Palm Beach, FL 33404

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 auties, 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)

**ARTICLE IV- Managing Member(s)** 

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

Title: Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

**MGRM** 

Ted Vidas, Trustee

Ted Vidas Revocable Trust U/a dated December 1, 2000 Ted Vidas, 3110 Surf Way #5, West Palm Beach, FL 33404

MGRM

Zoe Vidas, Trustee

Zoe Vidas Revocable Trust U/a dated December 1, 2000 Zoe Vidas, 3110 Surf Way #5, West Palm Beach, FL 33404

TED VIDAS

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.