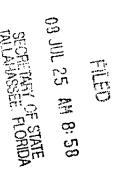
## 1080000 71773

(Requestor's Name)
(Address)
(Address)
( wares)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Ja.
789 (2727 671
Office Use Only



000131501230

06/20/08--01034--025 \*\*160.00



M. THOMAS

JUL 2 8 2008

**EXAMINER** 

## **COVER LETTER**

TQ:	Registration Section Division of Corporations	•			
SUBJI	ECT: Trinity3 Enterprise, L	.LC			•
SUBJ		ted Liability Compa	ny)		
The en	aclosed Articles of Organization and fee(s) are	submitted for filing	<b>4.</b>		
Please	return all correspondence concerning this mate	ter to the following:	:		
	Winsome A. Freeman				
		(Name of Person)			<del></del>
	Trinity3 Enterprise LLC				0
		(Firm/Company)			五 5 6 7
	16167 S.W. 29th Street				100 P
,		(Address)			SAL Z
	Miramar, FL. 33027				AM 8: 58
	(Cit	y/State and Zip Code	)		
For fur	ther information concerning this matter, please	e call:			Þ.
Wins	some A. Freeman	_at (	246-779	7	
	(Name of Person)	(Area Code	& Daytime Tele	ephone Number)	
Enclos	sed is a check for the following amount:				
<b>\$125.</b>	.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	ру	\$160.00 Filing For Certificate of Stan Certified Copy (additional copy is en	tus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division C Clifton Bu 2661 Exec	of Corporations		



June 23, 2008

WINSOME A. FREEMAN 16167 S.W. 29TH STREET MIRAMAR, FL 33027

SUBJECT: TRINITY3 ENTERPRISE INC. LLC

Ref. Number: W08000030130

We have received your document for TRINITY3 ENTERPRISE INC, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 208A00037840

Marsha Thomas Regulatory Specialist II FILED
JUL 25 M 8:58
SHOTELES OF STATE
SHOTELES OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compa	ny is:
Trinity3 Enterprise LLC	
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is:
_	
Principal Office Address:	Mailing Address:
16167 S.W. 29th Street	P.O.Box 826241
Miramar, FL. 33027	Pembroke Pines, FL. 33082
****	
The name and the Florida street address of Winsome A. Free	eman
16167 S.W. 29th	
16167 S.W. 29th	eet address (P.O. Box <u>NOT</u> acceptable)
16167 S.W. 29th Florida str Miramar, FL. 330	eet address (P.O. Box <u>NOT</u> acceptable)

(CONTINUED) Page 1 of 2

## ARTICLE IV- Manager(s) or 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		
President	Winsome A. Freeman	
	16167 S.W. 29th Street	<del></del>
	Miramar, FL. 33027	<del></del>
Vice President	Donald Freeman	
	16167 S.W. 29th Street	
,	Miramar. FL. 33027	
Executive Secreatry	Marcia E. Wong	
	2970 Forelock PL SW	
	Marietta, GA 30064	
Treasurer	Valerie I. Wong	
	8435 Sunrise Lakes Blvd Apt#112	五品 三
	Sunrise. FL. 33322	
(Use attachment if necessary)		OR JUL 25 ASSET OF SECOND PARTY OF SECOND PART
(Ose attachment if necessary)		Ho 3
LE V: Effective date, if other than th	ne date of filing:	(OPTIONAL) (
ffective date is listed, the date must	be specific and cannot be more than fi	—· ( / : / - / - / - / - / - / - /
days after the date of filing.)		V
DEOLUDED CLONABUDE		
REQUIRED SIGNATURE:	(1) Harrison	
	of relation	
Signature of a mami	per or an authorized representative of a men	her

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

15 TREEWAN Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)