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FILED SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

Registration Section

TO:

Division	Division of Corporations		
SUBJECT:	Trinity Advisor (Name of Limited L	dability Company)	
The enclosed Arti	cles of Organization and fee(s) are subr	nitted for filing.	
Please return all co	orrespondence concerning this matter to	the following:	
•	Miller Dowa	de of Person)	
	Trivity Advi	Sory Grany L.C.	
Amen Ald consult	3145 Best C	reek Drive Address)	
	VAIrico, Fig	orida, 33596 Ite and Zip Code)	
For further inform	ation concerning this matter, please cal	l:	
<u> </u>	(Name of Person) at	(Area Code & Daytime Telephone Number)	
Enclosed is a che	eck for the following amount:		
\$125.00 Filing I	Fee \$\int(\frac{\text{\$1}}{\text{\$1}}\) \$130.00 Filing Fee & \$\int(\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\text{\$\tex{\$\text{\$\text{\$\text{\$\texititt{\$\text{\$\text{\$\text{\$\text{\$\te	\$155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	s &
	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 Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Must end with the words "Limited Liability	ry Group LLC ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3145 Rest Creek Drive Valcico, FL. 3359L ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	•
The name and the Florida street address of the remainder	egistered agent are:
3145 Berut Florida street addr	Creek Drive ress (P.O. Box NOT acceptable)
City, State, at	FL 33596 ad 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 I'	V- Mar	iager(s) oi	· Managing	Member(s)
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MERM	Miller Dowdy 3145 Beat Creek Drive Valrice, FL 33.596
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
6	miles Dendy
Signature of a mem	ber or an authorized representative of a member.
(In accordance with s of this document con that the facts stated	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury I herein are true.)
	Miller Q. Dowld 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)