

Division of Corporations

Page 1 of 1

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.

(((H08000189428 3)))



H080001894283ABC7

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 : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Trevino Products LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

M. THOMAS

AUG - 7 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

08 AUG -6 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 AUG -6 AM 8:48

FILED

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H08000189428

ARTICLE I - Name

The name of the Limited Liability Company is: **Trevino Products LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

625 Oppitz Lane

625 Oppitz Lane

Lakeland, FL 33803

Lakeland, FL 33803

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

The name and Florida street address of the registered agent are:

Luis Trevino

Name

625 Oppitz Lane

(P.O. Box or Mail Drop Box NOT Acceptable)

Lakeland, FL 33803

(City / State / 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 Chapter 608, F.S.



Registered Agent's Signature - Luis Trevino

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 AUG -6 AM 8:48

FILED

H08000189428

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

H08000189428

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

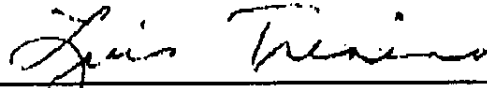
Luis Trevino - 625 Oppitz Lane, Lakeland, FL 33803

MGRM

Susan Trevino - 625 Oppitz Lane, Lakeland, FL 33803

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Luis Trevino

Typed or printed name of signer

FILED
08 AUG -6 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H08000189428