

L08000113175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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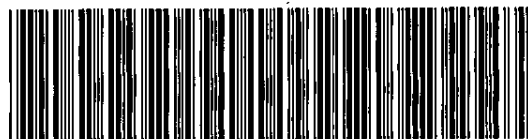
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 DEC 11 PM 12:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 1/1/09

FILED
08 DEC 11 PM 12:55
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

DEC 11 2008

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 12-11-08

NAME: TRILOGI LLC

EFFECTIVE DATE 1/1/09

TYPE OF FILING: ARTICLES OF ORANIZATION

COST: \$125

RETURN:

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE



*★ We Need ASAP, Please ★
Thank you ★*

EFFECTIVE DATE 1/1/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRILOGI LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

210 S. Florida Ave
Suite 510
Lakeland, Florida 33801

Mailing Address:

210 Florida Ave
Suite 510
Lakeland, FL 33801

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Stacy Gearhart

Name

210 S. Florida Ave, Suite 510

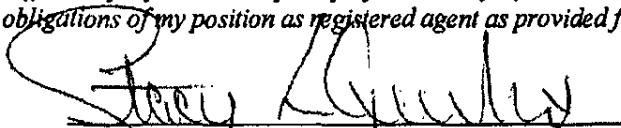
Florida street address (P.O. Box NOT acceptable)

Lakeland, FL 33801

FL

City, State, and 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 IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

April Koolman

6784 Lakefront Drive

Grand Prairie, TX 75054

MGR

Stacy Gearhart

210 S. Florida Ave, Suite 510

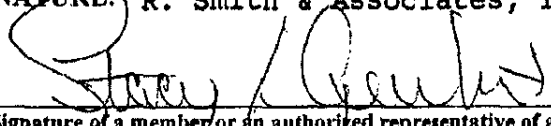
Lakeland, FL 33801

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2009 (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: R. Smith & Associates, Inc. - Member



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.)

Stacy Gearhart, Chief Executive Officer

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)