## 12900009447

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Ві	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

JAN 2 9 2009

EXAMINER



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## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
SUBJECT:	TRIMUNDO	, LLC	
	(Name of Limited L	iability Company)	
The enclosed Article	s of Organization and fee(s) are sub-	mitted for filing.	
Please return all corr	espondence concerning this matter to	o the following:	
	PERMA	NAAND SINGH	
	(Na	me of Person)	
<del></del>			
	(Fir	m/Company)	
/	5840 OLD 0	(Address)  LS, FL 33908  Research Zin Code)	
	1	(Address)	
	FORT MYER	es, FL 33908	
	(City/St	ate and Zip Code)	
For further informati	on concerning this matter, please cal	ıl:	
PERMA	Carcu	229 247 1/2/	
(Na	ime of Person)	(239) 247 - 1606 (Area Code & Daytime Telephone Number)	
	for the following amount:		
	_	\$155.00 Filing Fee & \$160.00 Filing Fe	
	Certificate of Status	Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is en	us &
	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	

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
TRIMUNDO	LLC
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	unional office of the Limited Liebility Commence in
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15840 OLD WEDGE WOOD G FORT MYERS FL 3390 8  ARTICLE III - Registered Agent, Registered	
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	viscore egistered agent are:
<u>PAFAELIMA</u> Name	FERMIN 28 STA
Name	
15840 OLD WE Florida street addi	ress (P.O. Box NOT acceptable)
FORT MYERS	FL 33908

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)

City, State, and Zip

(CONTINUED) Page 1 of 2

<u> Citle:</u>		Name and Address:
MGR" = Man	ager	
	anaging Member	
		Λ
MORM		PERMANAND SINGH
		PERMANAND SINGH 15840 OLD WEDGEWOOD C FORT MYERS, FL 33908
		FORT MYERS, FL 33908
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Use attachmer	nt if necessary)	
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EV: Effective date is lays after the	ve date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a membe  (In accordance with sec of this document constituted that the facts stated here.)	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury herein are true.)
EV: Effective date is lays after the	ve date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a membe  (In accordance with sec of this document constituted that the facts stated here.)	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

\$ 5.00 Certificate of Status (Optional)