

LD9000058751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

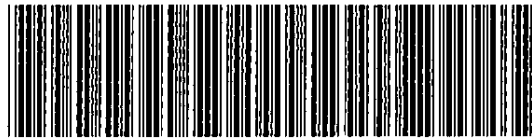
Special Instructions to Filing Officer:

L. SELLERS

JUN 17 2009

EXAMINER

Office Use Only



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06/16/09--01075--008 **130.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



1375 EAST NINTH STREET
ONE CLEVELAND CENTER
NINTH FLOOR
CLEVELAND, OH 44114
216.820.4201 DIRECT
216.623.0150 MAIN
216.623.0134 FAX
tbroski@ralaw.com

June 12, 2009

Florida Department of State
Registration Division
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Filing Articles of Organization for Trinity HBW, LLC

Dear Sir or Madam:

Enclosed for filing, please find an original and one copy of Articles of Organization for Trinity HBW, LLC. Also enclosed is our check in the amount of \$130.00 to cover the cost of the filing.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

ROETZEL & ANDRESS, LPA

Todd A. Broski

TAB/tlc
Enclosures
427762 v_01 \ 120931.0001

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Trinity HBW, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas L. Colaluca
Name of Person

Roetzel & Andress, LPA
Firm/Company

1375 East 9th Street, 9th Floor
Address

Cleveland, OH 44114
City/State and Zip Code

tcolaluca.ralaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas L. Colaluca at (216) 623-0150
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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:

Trinity HBW, 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:

20364 Foxworth Circle
Estero, Florida 33928

Mailing Address:

20364 Foxworth Circle
Estero, Florida 33928

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:

R&A Agents, Inc. (Attn: Thomas Colaluca)

Name

850 Park Shore Drive, 3rd Floor

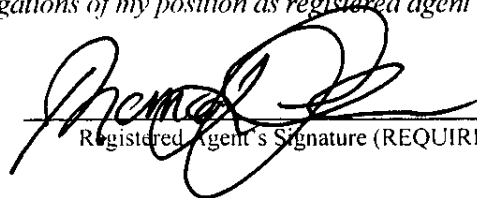
Florida street address (P.O. Box **NOT** acceptable)

Naples, FL 34103

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)

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TALLAHASSEE FLORIDA

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

Thomas Klamet

c/o Roetzel & Andress

850 Park Shore Drive, 3rd Floor

Naples, FL 34103

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:


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.)

Thomas L. Colaluca

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)

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TALLAHASSEE FLORIDA