

# L09000106340

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.

((H090002351113)))



H090002351113ABCW

**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 : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0039  
Fax Number : (305) 716-0346

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**TRUESDALE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**C. LEWIS**

**NOV 5 2009**

**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**TRUESDALE, 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:** \_\_\_\_\_

**28 Ixora Way, Boynton Beach, Fl 33435**      **SAME**

**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:

**ELENA I GARCIA ARECHAVALA, 28 Ixora Way, Boynton Beach, Fl 33435.**

Having been named as registered agent and to accept services 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)

**FILED**  
**2009 NOV -4 AM 8:15**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

FILED

2009 NOV -4 AM 8: 15

(continue)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

The name and address of each Manager or managing Member is as follow:

**TITLE:** \_\_\_\_\_ **Name and Address**

MGR= Manager

MGRM= Managing Member

x 


MGR

ELENA I GARCIA ARECHAVALA

28 Ixora Way, Boynton Beach, FL  
33435.

**ARTICLE V:** Effective date, if other than the date of filing, November 2nd, 2009, (The effective date:1) cannot be prior to not more than 90 days after this document is filed by the Florida Department of State; **AND 2)** must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

**REQUIRED SIGNATURE:**

x 

**SIGNATURE OF THE 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 that the facts stated herein are true.)

ELENA I GARCIA ARECHAVALA \_\_\_\_ Type or printer name of signee.