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EXAMINER



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SECRETARY OF STATE PIVISION OF CURFURATION

COVER LETTER

TO: Registration S Division of Co		
SUBJECT:	: Tro	oyer Realty LLC.
3013/12011		ed Liability Company
The enclosed Articles of	Organization and fec(s) are	submitted for filing.
Please return all corresp	ondence concerning this mat	ter to the following:
	J	eremy Troyer Name of Person
		TVALLE OF FERMI
	Tro	yer Realty LLC. Firm/Company
		Fitting ompany
	1406	NE Van Loon Ln. Address
		Address
		Coral, FL. 33909
		y/State and Zip Code
	E-mail address: (to be used	rtroyer@yahoo.com for future annual report notification)
For further information	concerning this matter, pleas	e call:
Jere	my Troyer	at (239) 707-2890
Name	of Person	Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Con	npany is:			
_	5			
Troyer Realty 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 Liabi	ility Company is:		
Principal Office Address:	Mailing Address:			
Timeipai Office Address:	Maning Address.			
1406 NE Van Loon Ln.	1406 NE Van Loon Ln.			
Cape Coral, FL. 33909	Cape Coral, Fl. 33909			
				
	egistered Office, & Registered Agent's Si own Registered Agent. You must designate an individua			
business entity with an active Florida registration.)		, , , , , , , , , , , , , , , , , , ,		
The name and the Florida street address	s of the registered agent are:	• [□] ×		
	, ,	SECRETAR /ISION OF 0		
J	eremy Troyer Name	2 38		
	Natte	30		
	NE Van Loon Ln.	P 2022		
Florida street add	lress (P.O. Box <u>NOT</u> acceptable)	7 ♀ ♀ ♀ ♀ •		
Cape Cora	112	3 JATE ORATIO 2: 43		
Cit	y, State, and Zip	ယ ဥွက		
	t and to accept service of process for the abo			
	nated in this certificate, I hereby accept the a			
	s capacity. I further agree to comply with the applete performance of my duties, and I am fa			
	n as registered agent as provided for in Cha			
(/'				
Registered Ager	nt's Signature (REOUIRED)			

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Jeremy Troyer 1406 NE Van Loon Ln. Cape Coral, FL. 33909
	
	
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the can effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	77,-
(In accordance with sect	ion 608.408(3). Florida Statutes, the execution tutes an affirmation under the penalties of perjury in are true.)
Typ Filing Fees:	Jeremy Troyer ed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)