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SECRETARY OF STATE
ALLAHASSEE, FLORID,

S. HAWKES

MAR 2 5 2010

**EXAMINER** 

## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	orporations			
SUBJECT: Trinity S	Settlements and Insurar	nce Services,	LLC	
<u> </u>		ed Liability Con		
The enclosed Articles of	of Organization and fee(s) are	submitted for fil	ing.	
Please return all corres	pondence concerning this mat	ter to the followi	ing:	
	- -			
Jeanette LaV	igne			
		Name of Person		
Trinity Finance	cial Services, LLC			
		Firm/Company		
040 0	tala O Na OOOO			
940 Centre C	ircle Suite 3022	Address		
		ruuress		
Altamonte Sp	orings, FL 32714			
	Cit	y/State and Zip Co	ode	_
compliance@	trinityfinancialllc.com			
	E-mail address: (to be used:	for future annual re	eport notification)	
For further information	concerning this matter, please	e call:		
loopotto LaViano		407	<sub>1</sub> 523-1980	
Jeanette LaVigne	of Person	_ at ( <u>407</u> Area Co	ode & Daytime Tele	ephone Number
			•	•
Enclosed is a check fe	or the following amount:			
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified C	•	\$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	Registr Divisio Clifton 2661 E	Courier Address ation Section on of Corporations Building executive Center Cassee, FL 32301	s

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne	:
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The name of the Limited Liability Company is:

Trinity	Settlements	and	Insurance	Services	LLC
111111111111111111111111111111111111111	Oction one	anu	III Sul alice	OCIVICES,	

(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 Companyis:

Mailing Address:	ORIGINA
940 Centre Circle	
Suite 3022	
Altamonte Springs, FL 32714	
	940 Centre Circle Suite 3022

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:

Harry Holan	
N	ame
913 Lotus Vista Dr. A	pt. 201
Florida stree	et address (P.O. Box <u>NOT</u> acceptable
Altamonte Springs	FL 32714
Cit	y, 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

Title:	Name and Address:	انزوري
'MGR" = Manager		30
'MGRM" = Managing	Member	OAN SEE FLOW
MGRM	Daniel Bockhorn	(d)
	395 Sweet Bay Dr.	,
	Longwood, FL 32779	
MGRM	Gregory C. Scharfeld	
	13945 Florigold Dr.	
	Windermere, FL 34786	
MGRM	Harry Holan	
	913 Lotus Vista Dr. Apt 201	
	Altamonte Springs, FL 32714	-
Use attachment if nece	ssary)	
		DTION
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Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)