

L10UUUU32817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

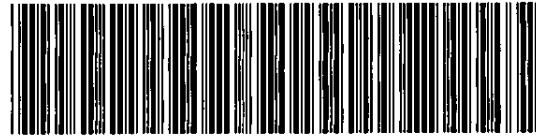
Special Instructions to Filing Officer:

Office Use Only

**B. KOHR**

MAR 25 2010

**EXAMINER**



800172379858

03/26/10--01002--005 \*\*125.00

03/26/10--01002--006 \*\*30.00

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

10 MAR 25 PM 3:32

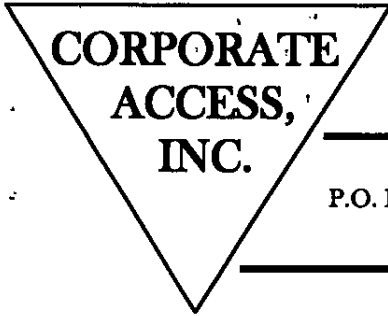
FILED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR 25 PM 3:45

**B. KOHR**

MAR 25 2010

**EXAMINER**



*When you need ACCESS to the world*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR 28 PM 3:45

## WALK IN

PICK UP:

3/25 Emily



CERTIFIED COPY



PHOTOCOPY



CUS



FILING

LLC

1.

Tri - Foundation Properties, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

---

---

---

---

---

**ARTICLES OF ORGANIZATION  
FOR  
TRI-FOUNDATION PROPERTIES, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR 25 PM 3:45

The undersigned Organizer, desiring to form a limited liability company pursuant to the provisions of the Florida Limited Liability Company Act (the "Act"), hereby submits, and files with the Florida Department of State, the following Articles of Organization.

**ARTICLE I — NAME:**

The name of the Limited Liability Company shall be: **Tri-Foundation Properties, LLC** (the "Company").

**ARTICLE II — ADDRESS:**

The mailing address and street address of the principal office of the Company shall be as follows:

10223 Waterside Oak Drive  
Tampa, FL 33647

**ARTICLE III — REGISTERED AGENT AND REGISTERED OFFICE:**

The address of the initial registered office of the Company in the State of Florida is 121 North Collins Street, Plant City, Florida 33564, and the name of the registered agent at such address is Keith C. Smith, Esquire.

**ARTICLE IV — MANAGEMENT**

The Company shall be managed by the Members and the names and addresses of the initial members are:

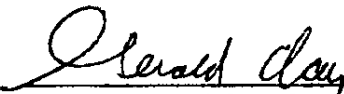
Ann Marie Clay  
10223 Waterside Oak Drive  
Tampa, FL 33647

Gerald Clay  
10223 Waterside Oak Drive  
Tampa, FL 33647

**ARTICLE V – LIMITATION ON AGENCY AUTHORITY OF MEMBERS**

Pursuant to Section 608.4235 of the Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

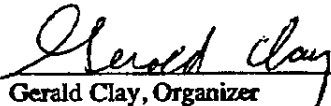
IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization this 13 day of March, 2010. In accordance with Section 608.408(3) of the Act, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
GERALD CLAY, Organizer

**CERTIFICATE OF DESIGNATION**  
**: REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Sections 608.415, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

1.           The name of the company is:  
  
              Tri-Foundation Properties, LLC
2.           The name and address of the registered agent and office is:  
  
              Keith C. Smith, Esquire  
              121 North Collins Street  
              Plant City, Florida 33564

  
\_\_\_\_\_  
Gerald Clay, Organizer  
  
3/23/2010  
\_\_\_\_\_  
Date

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.

  
\_\_\_\_\_  
KEITH C. SMITH, ESQUIRE

3/27/10  
\_\_\_\_\_  
Date