L10000032820

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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03/24/10--01033--005 **130.00



S. HAWKES

MAR 2 5 2010

EXAMINER



March 22, 2010

PAUL GARRETT KLEYMAN 432 HIGHLAND AVE ORLANDO, FL 32801

SUBJECT: TRAL ENTERPRISES L.L.C.

Ref. Number: W10000014109

We have received your document for TRAL ENTERPRISES L.L.C., however, upon receipt of your document no check was enclosed. Please return your document along with a **check** or **money order** made payable to the Department of State for \$125.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 410A00006949

Suzanne Hawkes Regulatory Specialist II

Division of Cornerations - P.O. ROY 6397 - Tallahassee Florida 39314

COVER LETTER

TO: Registration Division of C			
	TRALZ	interprises L.L.C.	
SUBJECT:		ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	Paul Kley	Name of Person	
		Name of Person	
		Enterprises LL.C.	
		Firm/Company	
	432 14	lighland Ave	
- 		Address	
	Orlando	FL 32801 V/State and Zip Code V/Nan 60 g Mail. COM or future annual report notification)	_
	City	//State and Zip Code	
	Yaul. Kle	ynanta gmail. com	
	E-mail address: (to be used f	or future annual report notification)	
For further information	concerning this matter, please	call:	
Paul Name	Kleyman e of Person	at (727) 257 - 48 555 Area Code & Daytime Telephone Number	7
Enclosed is a check f	or the following amount:		
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 FLO	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	MAZE PA
TRAL Enterprises	
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
432 Highland Avenue Orlando, FL 32801	432 Highland Avenue
Orlando, FL 32801	Orlando, FL 32801
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the reg	ed Agent. You must designate an individual or another
Paul Kleyn Name	1an
432 Highland	! Ave
Florida street addre	ss (P.O. Box NOT acceptable)
Orlando	FL 32301 , and Zip
City, State	, and Zip
liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete perf	cept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
AN W	ry
Registered Agent's Signatur	e (KEQUIRED)

(CONTINUED)

Page 1 of 2

		ng Member(s): or Managing Member is as follows: Name and Address:
<u> Citle:</u>		Name and Address:
MGR" = Manager		(9 <u>7</u>
MGRM" = Manag	ing Member	Dr.
MGRM		Alex Athanasopoulos
		432 Highland Are
		Orlando, FL 32801
MGRM		8
116(01)		Paul Kleyman
		432 Highland
		Orlando, FL 3080
Use attachment if r	202000#1)	
Ose attachment if i	iecessary)	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)