

L10000039525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

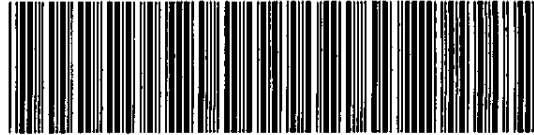
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4/5/10



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FILED
10 APR 12 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 13 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRINITY PROPERTY PRESERVATION, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIANE A. WILLIAMS

Name of Person

TRINITY PROPERTY PRESERVATION, LLC

Firm/Company

8862 CYPRESS HAMMOCK DR.

Address

TAMPA, FL 33614

City/State and Zip Code

trinityproperty@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANE A WILLIAMS

Name of Person

at (813) 220-0896

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
10 APR 12 PM 2:10
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRINITY PROPERTY PRESERVATION 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 Liability Company is:

Principal Office Address:

8862 CYPRESS HAMMOCK DR

TAMPA, FL 33614

Mailing Address:

8862 CYPRESS HAMMOCK DR

TAMPA, FL 33614

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:

DIANE A WILLIAMS

Name

8862 CYPRESS HAMMOCK DR

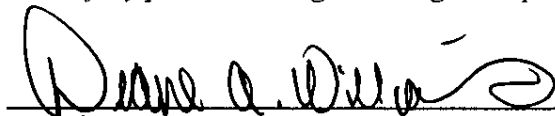
Florida street address (P.O. Box NOT acceptable)

TAMPA

FL 33614

City, 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)

EFFECTIVE DATE

4/5/10

FILED
10 APR 12 PM 12:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

DIANE A WILLIAMS

8862 CYPRESS HAMMOCK DR

TAMPA, FL 33614

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 5, 2010. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a 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 the facts stated herein are true.)

DIANE A WILLIAMS

Typed or printed name of signee

FILED
10 APR 12 PM 2:10
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)