L10000015588

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE
AN LAHASSEE, FLORIDA

JUL 19 2010

COVER LETTER

' Tố:

TO: Registration S Division of Co		•	
SUBJECT: Trio De	velopment Group LLC	H-175-0	
	Name of Limit	ted Liability Company	
	of Organization and fee(s) are	_	
Please return all corresp	pondence concerning this mat	ter to the following:	
Shawn Starr			
		Name of Person	
Trio Develop	ment Group LLC		
		Firm/Company	
220 Pasaden	a Dr		
		Address	
Tampa FL 33	· · · · · · · · · · · · · · · · · · ·		
		ty/State and Zip Code	
triodevelopme	entgroup@yahoo.com E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please		
Shawn Starr		at (813)886-1790	
Name	of Person	Area Code & Daytime Telep	ohone Number
Enclosed is a check for	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 C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:		
The name of the L		y Company is:	
Trio Developme	 		upua.
(M	lust end with the wo	ords "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ac The mailing addre		ddress of the principal office of the Limited Liability	Company is:
Principal Office	<u>Address:</u>	Mailing Address:	
220 Pasadena Dr		220 Pasadena Dr	
Tampa, FL 33615		Tampa, FL 33615	_
			_
(The Limited Liability C business entity with an	Company cannot serv active Florida regist	address of the registered agent are:	
Name		Name	気の下
220 Pasadena Dr.		na Dr.	유로미
		Florida street address (P.O. Box NOT acceptable)	!s = :
	Tampa	FL 33615	語
		City, State, and Zip	₹.
liability compa registered agent a statutes relating	my at the place and agree to act to the proper q	d agent and to accept service of process for the above a designated in this certificate, I hereby accept the appo in this capacity. I further agree to comply with the property and complete performance of my duties, and I am famil position as registered agent as provided for in Chapter	intment as ovisions of all iar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

Title:	Name and Address:		
"MGR" = Manaş "MGRM" = Mar			
MGRM	Shawn Starr		
	220 Pasadena Dr		
	Tampa FL 33615		
MGRM	Steve G Dermangian		
	3601 72nd Ave Circle East		
	Sarasota FL 34243		
. MGMR	Sam Napolitano	. <u></u>	
	6220 Burrowing Owl Cove		
	Brandenton FL 34202		

		····	
(Use attachment	if necessary)		
(Ose attachment	ii iiccessary)		
CLE V: Effective	date, if other than the date of filing: ((OPTIONAL)
	ted, the date must be specific and cannot be more than five bu	ısiness days	prio
90 days after the da	ate of filing.)	T0 =	
REQUIRED SIG	GNATURE:	JUL 16 ECRETAR	FILED
		Y OF	ED
	Signature of a member or an authorized representative of a member.	FLORI FLORI	
	(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.)	RDA S	•
	Shawn Starr		
	Typed or printed name of signee		

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)