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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
AUG 16 2010
EXAMINER

S. HAWKES
JUL 9 2010
EXAMINER

W10-30544

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2010

MARCUS ROMAN
PO BOX 1378
DUNDEE, FL 33838

SUBJECT: TRI STATE PRODUCTS ONLINE LLC
Ref. Number: W10000032544

We have received your document for TRI STATE PRODUCTS ONLINE LLC and your check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 910A00016756

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: TRI STATE PRODUCTS ONLINE 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:

MARCUS ROMAN
Name of Person

TRI STATE PRODUCTS ONLINE LLC.
Firm/Company

P.O. BOX 1378
Address

DUNDEE FLORIDA, 33838
City/State and Zip Code

sales@tristateproductsonline.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCUS ROMAN at (863) 206 - 7924
Name of Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee

☐ $130.00 Filing Fee & Certificate of Status

☐ $155.00 Filing Fee & 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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2010

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DUNDEE, FL 33838

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Suzanne Hawkes
Regulatory Specialist II

Letter Number: 910A00016756

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE FLORIDA

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

TRI STATE PRODUCTS ONLINE 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:	**Mailing Address:**
1928 GALAXY DRIVE	P.O.BOX 1378
LAKE WALES FL, 33859	DUNDEE FL, 33834

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:

MARCUS ROMAN
Name

1928 GALAXY DRIVE
Florida street address (P.O. Box **NOT** acceptable)

LAKE WALES, FL 33859
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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

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TALLAHASSEE, FLORIDA

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGR	JUAN ACEVEDO 4762 BREEZER DRIVE LAKE WALES FL, 33859
MGR	MARCUS ROMAN 1928 GALAXY DRIVE LAKE WALES FL, 33859

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing Filing Date. (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.)

MARCUS ROMAN
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)