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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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J. SAULSBERRY EXAMINER OCT 2 8 2010

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COVER LETTER

TO: Registration Security Division of Cor					
Division of Col	potations			on 1500	
SUBJECT:To	tal Trust Merchant So (Name of Limited	lutions LLC Liability Company)		<u></u>	
•	•				
The enclosed Articles of	Organization and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
Too	eph G. Frey, Jr	•			•
Jos		ame of Person)			_
	(1)			:,	
_		* ***			
To	<u>tal Trust Merchant So</u> (F	im/Company)	SEC	2010 OCT	
ro Cr	0. Box 652		色彩	8	43
	0, box 032	(Address)	S 20	27	
			E S		
In	dian Rocks Beach, Flo	rida 33785		P = -	-
· ·	(City/S	tate and Zip Code)	UNIDA	2: 34	
For further information of	concerning this matter, please ca	ıll:	,	_	•
*	, , , , , , , , , , , , , , , , , , , ,				•
Donald M.	McManus	it (<u>727</u>) <u>586–3789</u>	·		
	of Person)	(Area Code & Daytime Tele	ephone Number)		
Enclosed is a check fo	r the following amount:	ailed with Articles o	f regular (Corpor	ation
m eles oo biling too	□ \$130.00 Filing Fee &	ee Mr. JustinShivers 5155.00 Filing Fee &	5 \$160.00 }		
□ \$125.00 Filing Fee	Certificate of Status	Certified Copy	Certificate of	-	
		(additional copy is enclosed)	Certified Cop (additional copy	у	
	Mailing Address	Street/Courier Address			
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations Clifton Building	5		N
	P.O. Box 6327 Tallahassee, FL 32314	2661 Executive Center C	Circle	•	
		Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	•		16
Total Ti	cust Merchant Solutio	ns LLC	
(Must end with the word	s "Limited Liability Company, "L	imited Company" or their abbreviation "	LLC," or "L.C.,")
ARTICLE II - Ad	idress:		
		e principal office of the Limite	d Liability Company
Principal Office A	Address:	Mailing Address:	
1300 Gulf Tra	11 #2	P.O. Box 652	
1300 0041 111	XII 11 2	1.0. BOX 032	
Indian Rocks	Beach, FL 33785	Indian Rocks Beac	
Indian Rocks ARTICLE III - R (The Limited Liability Co	Beach, FL 33785 egistered Agent, Registe	· 	ent's Signature:
Indian Rocks ARTICLE III - R (The Limited Liability County with an article state of the county with a	Beach, FL 33785 egistered Agent, Register company cannot serve as its own R	red Office, & Registered Aged egistered Agent. You must designate an	ent's Signature: individual or another
Indian Rocks ARTICLE III - R (The Limited Liability County with an article state of the county with a	Beach, FL 33785 egistered Agent, Register company cannot serve as its own Ractive Florida registration.)	Indian Rocks Beac ered Office, & Registered Agestered Agent. You must designate an the registered agent are:	ent's Signature: individual or another
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Indian Rocks ARTICLE III - R (The Limited Liability County with an article state of the county with a	egistered Agent, Register ompany cannot serve as its own Ractive Florida registration.) Florida street address of the Done Ld M. McManu	Indian Rocks Beac ered Office, & Registered Agestered Agent. You must designate an the registered agent are:	ent's Signature: individual or another SEGRETARY OF
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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:

MGR Joseph G. Frey, JR 1300 Gulf Trail #2 Indian Rocks Beach, FL 33785 TOTAL STATE Use attachment if necessary) LE V: Effective date, if other than the date of filing:	Title: "MGR" = Manager	Name and Address:	19 19
Use attachment if necessary) LE V: Effective date, if other than the date of filing:	"MGRM" = Managing Member		
Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIO) 1300 Gulf Trail #2 Indian Rocks Beach, FL 33785	MGR	Joseph G. Frey, JR	
Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIO fective date is listed, the date must be specific and cannot be more than five business.		1300 Gulf Trail #2	
Use attachment if necessary) LE V: Effective date, if other than the date of filing:		Indian Rocks Beach, FL	33785
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LE V: Effective date, if other than the date of filing: (OPTIO fective date is listed, the date must be specific and cannot be more than five business.			
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fective date is listed, the date must be specific and cannot be more than five busi or 90 days after the date of filing.)			DE 3
or 90 days after the date of filing.)	(Use attachment if necessary) LE V: Effective date, if other than t		. (OPTIO
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Signature of a member or an authorized representative of a member.	(Use attachment if necessary) LE V: Effective date, if other than the effective date is listed, the date may or 90 days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more) Der or an authorized representative of a m	(OPTIO
Signature of a member or an authorized representative of a member: (In accordance with section 608.408(3), Florida Statutes, the execution	(Use attachment if necessary) LE V: Effective date, if other than to effective date is listed, the date may or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memory of a me	ust be specific and cannot be more ber or an authorized representative of a magnetic section 608.408(3), Florida Statutes, the execution 608.408(3).	(OPTIO
Signature of a member or an authorized representative of a member:	Use attachment if necessary) LE V: Effective date, if other than to fective date is listed, the date may or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a menusof this document core	ust be specific and cannot be more be of a matherized representative of a matherized representative of a matherized section 608.408(3), Florida Statutes, the executatives an affirmation under the penalties of	(OPTIO
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	(Use attachment if necessary) LE V: Effective date, if other than to effective date is listed, the date may or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memor of this document contact that the facts stated	ust be specific and cannot be more) Der or an authorized representative of a m section 608.408(3), Florida Statutes, the execustitutes an affirmation under the penalties of d herein are true.)	(OPTIO

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)