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11/22/10--01006--013   **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 NOV 22 AM 10: 08

EFFECTIVE DATE
11/17/10

N. Cutfigan   NOV 23 2010

COVER LETTER

TO: **Registration Section**
       Division of Corporations

SUBJECT: _Trinity Franchise Development, LLC_
<div align="center">Name of Limited Liability Company</div>

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

Please return all correspondence concerning this matter to the following:

NICHOLAS VOJNOVIC
<div align="center">Name of Person</div>

TRINITY FRANCHISE DEVELOPMENT, LLC
<div align="center">Firm/Company</div>

3424 Cypress Landing Dr
<div align="center">Address</div>

VALRICO FL 33596
<div align="center">City/State and Zip Code</div>

Nick.Vojnovic@gmail.com
<div align="center">E-mail address: (to be used for future annual report notification)</div>

For further information concerning this matter, please call:

Nicholas Vojnovic at (_813_) _245-3974_
<div align="center">Name of Person   Area Code & Daytime Telephone Number</div>

Enclosed is a check for the following amount:

☑ $125.00 Filing Fee   ☐ $130.00 Filing Fee &   ☐ $155.00 Filing Fee &   ☐ $160.00 Filing Fee,
                      Certificate of Status   Certified Copy   Certificate of Status &
                                       (additional copy is enclosed)   Certified Copy
                                                                (additional copy is enclosed)

Mailing Address	**Street/Courier Address**
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Trinity Franchise Development 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:**

3424 Cypress Landing Dr   *Same*
Valrico FL 33596

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:
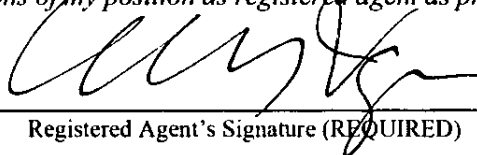
Nicholas Vojnovic
Name

3424 Cypress Landing Dr
Florida street address (P.O. Box **NOT** acceptable)

Valrico FL FL *33596*
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:

Title: **Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGR   NICHOLAS VOJNOVIC
                             3424 Cypress Landing D-
                             Valrico / FL 33596

MGRM   Rene Vojnovic
                             3424 Cypress Landing A-
                             Valrico / FL 33596

_____   _____

                             _____

                             _____

_____   _____

                             _____

                             _____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: __11/17/10__ . (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

NICHOLAS S. VOJNOVIC
_____

Typed or printed name of signee

<u>Filing Fees:</u>

$125.00 Filing Fee for Articles of Organization and Designation
            of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)