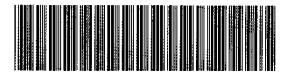
# L11000004770

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



500190007805

Effective Date 1-3-11

**500190007805** 01/10/11--01035--020 \*\*125.00

2011 JAN 10 AM II: 27

J. SAULSBERRY EXAMINER

JAN 1 2 2011

# **COVER LETTER**

TO:

Registration Section

Division of Corpora	tions						
SUBJECT: Troops C	onnect, LLC.						
SUBJECT:		ed Liability Con	ipany	·			
The enclosed Articles of Orga	anization and fee(s) are s	submitted for fil	ing.				
Please return all corresponder	nce concerning this matt	er to the followi	ng:				
Bri-Ann Wrig	ght						
		Name of Person					
Troops Conr	nect, LLC.						
		Firm/Company					
3389 Sherida	an Street #141						
		Address	· ·		3	2	
Hallian and Ele	-: 22004					=	
Hollywood, Flo		/04-4 1 <i>7</i> 2- C			<u> </u>	<u> </u>	187
4		y/State and Zip Co	oae		<b>公</b>	OI NAC	-
troopconnect@	gmall.com mail address: (to be used f	or future annual n	enort notification)			3	Ţĩ
					20	AH 11: 27	1
For further information conce	rning this matter, please	e call:				<del></del>	- M.1
Bri-Ann Wright		at (850	554-3366		35	7	
Name of Per	son		ode & Daytime Teler	hone Number			
Enclosed is a check for the	following amount:						
\$125.00 Filing Fee \$1		\$155.00 Fi		]\$160.00 F	_		
C	ertificate of Status	Certified (	• •	Certificate Certified (		us &	
		(additional c	opy is enclosed)	(additional c		iclosed)	
м	ailing Address	Street	Courier Address				
Re	gistration Section	Registr	ration Section				
	vision of Corporations O. Box 6327		on of Corporations  Building				
	llahassee, FL 32314		i Building Executive Center C	ircle			

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Troops Connect, LLC.		
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pri	ncipal office of the Limited Lia	ability Company is
Principal Office Address:	Mailing Address:	
3389 Sheridan Street #141	3389 Sheridan Street #141	
Hollywood, Florida 33021	Hollywood, Florida 33021	
		A STATE OF THE STA
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
(The Limited Liability Company cannot serve as its own Registe	ered Agent. You must designate an individ	idual or another
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the result.  Bri-Ann Wright	ered Agent. You must designate an individ	idual or another
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the results of the resul	ered Agent. You must designate an individ	idual or another
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the result.  Bri-Ann Wright	ered Agent. You must designate an individual egistered agent are:	idual or another  2011 JAN 10  1011 JAN 10
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the research Bri-Ann Wright  Name  3389 Sheridan St	ered Agent. You must designate an individual egistered agent are:	idual or another  2011 JAN 10  1011 JAN 10
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the research Bri-Ann Wright  Name  3389 Sheridan St	ered Agent. You must designate an individual egistered agent are:	idual or another  2011 JAN 10

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)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Bri-Ann Wright	
<del></del>	3389 Sheridan Street #141	
	Hollywood, Florida 33021	
	± ≥	
<del>*************************************</del>		
	A PAN	1
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		£
	STATE OF STATE	
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(Use attachment if necessary)		
<b>FICLE V:</b> Effective date, if other than	n the date of filing: January 3, 2011 . (OPTIONAL)	
	ist be specific and cannot be more than five business days pr	ioi
r 90 days after the date of filing.)		
<b>REQUIRED SIGNATURE:</b>		
	1 . //	
	mulacit	
Signature of a mo	ember or/an authorized representative of a member.	
	7.	

(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.)

Bri-Ann Wright

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)