

L11000038246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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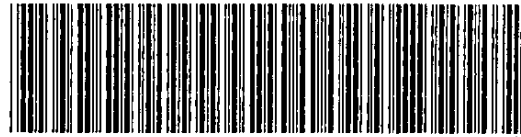
(Business Entity Name)

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11 MAR 29 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 30 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRINITY ESCAPE, 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:

MICHAEL D. CASTRILLI

Name of Person

TRINITY ESCAPE, LLC

Firm/Company

POB 121705

Address

CLERMONT, FL 34712

City/State and Zip Code

Michaeldca@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL D. CASTRILLI

Name of Person

at (863) 232-9361

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

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11 MAR 29 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
TRINITY ESCAPE, LLC
A Florida Limited Liability Company**

**ARTICLE I
NAME**

The name of this limited liability company is **TRINITY ESCAPE, LLC**, referred to in these Articles of Organization as the "Company".

**ARTICLE II
MAILING AND STREET ADDRESS**

The mailing address of the principal office of the Limited Liability Company is as follows:

POB 121705
Clermont, Florida 34712

The street address of the principal office of the Limited Liability Company is as follows:

2419 Winterset Road, SE
Winter Haven, Florida 33884

**ARTICLE III
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with section 608.409(1), Florida Statutes, the Company's existence shall commence the time and date on which these Articles of Organization are filed by the Florida Department of State.

**ARTICLE IV
REGISTERED AGENT**

The address of the initial Registered Office and the Registered Agent at such address are as follows:

Michael D. Castrilli
1601 Johns Lake Road, Apt. #836
Clermont, Florida 34711

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11 MAR 29 PM 3:00
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TALLAHASSEE, FLORIDA


**ARTICLE V
MANAGEMENT**

The limited liability company is to be managed by its manager and is, therefore, a manager-managed company. The name and address of the initial manager appointed pursuant to the Operating Agreement for the Company shall be:

Michael D. Castrilli, Managing Member
POB 121705
Clermont, FL 34712

**ARTICLE VI
APPLICABLE LAW**

The Company is created pursuant to Chapter 608 and 621, Florida Statutes, and shall be governed by the laws of the State of Florida.



Michael D. Castrilli, Member

**ACCEPTANCE OF DESIGNATION
OF
REGISTERED AGENT**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of her designation as Registered Agent for the Company:

Having been named as Registered Agent and to accept service of process for the above stated professional 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 and 621 of the Florida Statutes.



Michael D. Castrilli

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11 MAR 29 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2011

MICHAEL D. CASTRILLI
POST OFFICE BOX 121705
CLERMONT, FL 34712

SUBJECT: TRINITY ESCAPE, LLC
Ref. Number: W11000016066

We have received your document for TRINITY ESCAPE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 111A00006871

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11 MAR 29 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA