Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000092241 3)))



H110000922413ABCL

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HUBCO

Account Number : 104662003400

Phone : (516) 935-3940 Fax Number : (516) 935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail address: logi@taiumphcapitalpartures.com

MECEIVED

1 APR -8 AM 9: 29
ECRETARY OF STATE

FLORIDA LIMITED LIABILITY CO. Triumph Capital Partners Florida LLC

1
0
02
\$130.00

A. LUNT

APR 11 2010

EXAMINER

H11000092241

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

	FLORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name The name of the Limited Liability Co	Company is: Triumph Capital Partners Florida I	LLC		
ARTICLE II - Address				
The mailing address and street address	ess of the principal office of the Limited Liability Company is:	F	201	
Principal Office Address:	Mailing Address:		2011 APR	S
1642 S. Lake Avenue #2	1642 S. Lake Avenue #2		8	— 3
Clearwater, FL 33756	Clearwater, FL 33756	<u>'.ç</u>	2	- ***
•		6.00	ф	
			<u> </u>	-
ARTICLE III - Registered A	Agent, Registered Office & Registered Agent's Signature of the registered agent are: Patricla Richard	:		
	Namo			
	1642 S. Lake Avenue #2			
	(P.O. Box or Mail Drop Box NOT Acceptable)			
	Clearwater W. 33756			

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 - Patricia Richard

(City / State / Zip)

H11000092241

	Manager(s) or Managing Member(s): ress of each Manager or Managing Member is as follows:
Title: "MGR"=Manager "MGRM"=Manager	
MGRM	Lori Giovannini - 1642 S. Lake Avenue #2, Clearwater, FL 33756
MGRM	Louis Giovannini - 8867 N. National Sky Place, Tucson, AZ 85742
(Use attachment if	neccessary)
REQUIRED SIG	Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this
	(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.)
	Lori Giovannini
	Typed or printed name of stance