## L11000059706

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PICK-UP WAIT MAIL
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SEVAN ASSEE, FLORIDA

B. BOSTICK
MAY 2 0 2011
EXAMINER

## **COVER LETTER**

	on Section f Corporations	•	
SUBJECT:	TriTier Financia	al Services, LLC	
SCHOLET.		ted Liability Company	
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.	
Please return all con	rrespondence concerning this made	tter to the following:	
	Yvonne	Dixon-Dyer	
		Name of Person	
	I ri lier Finan	cial Services, LLC	
		Firm/Company	
	13374 74	th Street North	
		Address	
		5	<b>.</b>
<del> </del>		Beach, Florida 33412	
		ty/State and Zip Code	
		ial@yahoo.com	
	E-mail address: (to be used	for future annual report notification)	SE O I
For further informat	tion concerning this matter, pleas	e call:	ANII: 2 Or STAI EE, FLORI
Yvonne Dixor	n-Dyer	at ( 855 ) 333-3949	<u> </u>
N <sub>i</sub>	ame of Person	Area Code & Daytime Telep	phone Number >
Enclosed is a chec	k 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	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	s:	
TriTier Financ	cial Services, LLC	<b>;</b>
(Must end with the words "Limited Liab	bility Company, "L.L.C.," or "LLC.	<u>")</u>
ARTICLE II - Address: The mailing address and street address of the part of th	principal office of the Limi	ted Liability Company is
Principal Office Address:	Mailing Address:	
13374 74th Street North		
West Palm Beach	······································	
Florida 33412		**************************************
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registerest entity with an active Florida registration.)	ed Office, & Registered Agistered Agent. You must designate a	gent's Signature: un individual or another
The name and the Florida street address of the	registered agent are:	LAHASS
Yvonne Di	xon-Dyer	
Name	e	MA CO TO
13374 74th S	Street North	

Florida street address (P.O. Box NOT acceptable)
West Palm Beach, 33412

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)

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:

"MGRM"	Rowan C. Hunter 16119 Orange Blvd Loxahatchee, Florida 33470
"MGRM"	Yvonne Dixon-Dyer
	13374 74th Street North
	West Palm Beach, Florida 33412
"MGRM"	Earl D. Bills
	16894 Valencia Blvd
<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>	Loxahatchee, Florida 33470
	if other than the date of filing: August 10, 2011 . (OPTIO)
rective date is listed,	he date must be specific and cannot be more than five business d filing.)

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.)

Earl D. Bills

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)