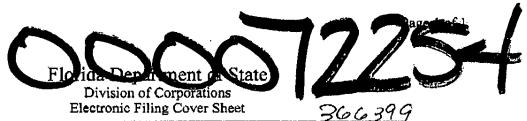
Division of Corporations



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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

trimast properties, llc

Certificate of Status	0
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PAGE 01/03

EMPIRE CORP KIT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Company, "L.L.C.," or "LLC.") cipal office of the Limited Liability Company is
cipal office of the Limited Liability Company is
•
Mailing Address:
6915 RED ROAD, SUITE 219
CORAL GABLES, FLORIDA 33143
nd Agent. You must designate an individual or another
gistered agent are:
pistered agent are:
HASERY
istered agent are: LIATES, P.A. LIATES, P.A. LIATES P.A. LIATES P.A.

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)

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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:
MGRM	KEVIN FLAHERTY
MGRM	JEFF STOLZ
MGRM	MIKE JINN
(Use attachment if necessary)	
FICLE V: Effective date, if other than th	e date of filing: (OPTIONAL be specific and cannot be more than five business days
<u>REQUIRED</u> SIGNATURE:	
Signature of a memb	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 aubmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JOSE E. CASTRO
Typed or printed name of signee

Filing Feest

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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