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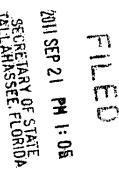
(Requestor's Name)				
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T. CLINE

SEP 2 2 2011

EXAMINER

COVER LETTER

то: '	* Registration Section Division of Corporations	
SUBJ	JECT: Best Trim LLC. Name of Limited Liability Company	
The e	enclosed Articles of Organization and fee(s) are submitted for filing.	
Pleas	e return all correspondence concerning this matter to the following:	
	James L. Clay Name of Person	
	Best Trim LLC. Firm/Company	
	750 W New York ave	
	Orange City 7L. 32763 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fi	urther information concerning this matter, please call:	M 30 F m 5
9	Area Code & Daytime Telephone Number SAR	
Enclo	osed is a check for the following amount:	0
] \$125.0	O0 Filing Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}} \int_{\text{S155.00 Filing Fee & Certificate of Status}} \int_{\text{S155.00 Filing Fee & Certificate of Status}} \int_{\text{S160.00 Filing Fee & Certificate of Status}} \int_{\text{S160.00 Filing Fee & Certificate of Status}} \int_{\text{Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \int_{	_
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability	Company is:	
BEST Tri	in LLC	
(Must end with the word	s "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
. — :	lress of the principal office of the Limited I	Liability Company is:
3		1 ,
Principal Office Address:	Mailing Address:	
3-0 10 N-11 V.	Aur - am:	
750 W NEW YORK	AUG SAME	
377/23		······································
• /		
ARTICLE III - Registered Agen	t, Registered Office, & Registered Agent	's Signature:
The Limited Liability Company cannot serve business entity with an active Florida registra	as its own Registered Agent. You must designate an indi- ation.)	
•	•	2011 SEP
The name and the Florida street ad-	dress of the registered agent are:	S S
JAMES	LESTER CLAY	F. 7
	Name	21 Z
7500	NEW YORK AVE	1112
	lorida street address (P.O. Box NOT acceptable)	FLST
Ma a un -	- (2 2
UNANSE	City, State, and Zip	→
	Chy, State, and Lip	

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

The name and address of each Manager	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	DUANE JAMES CLAY 750 WEW YORK AVE Orange Zity FL, 32763		
	τ		
	71. 23		
(Use attachment if necessary)	IN SEP 2		
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp to or 90 days after the date of filing.) REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior		
Signature of a member or	an authorized representative of a member.		
(In accordance with section 608.408 constitutes an affirmation under the	(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State		

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

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)