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EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
_{SUBJECT:} Traeg (Capital LLC		
	Name of Limited	l Liability Company	
The enclosed Articles of (Organization and fee(s) are su	abmitted for filing.	
Please return all correspor	ndence concerning this matter	r to the following:	
Greg Trau	h		
<u> </u>		Name of Person	-
		Firm/Company	
534 W Par	St.		
		Address	
Orlando FL 3	32804		
<u> </u>		State and Zip Code	
GregMTraub	@gmail.com		
		r future annual report notification)	25 28 26 28
For further information co	ncerning this matter, please of	call:	ZEGRETARY
Greg Traub		at (407) 222-7281	SSE IO
Name of	Person	Area Code & Daytime Telepho	
Enclosed is a check for	the following amount:		ORIDA
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Circ Tallahassee, FL 32301	le

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Traeg Capital LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
534 W Par St	534 W Par St
Orlando FL 32804	Orlando FL 32804
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re-	At The State of th
Greg Traub	and the second s
Name	
534 W Par St	Iracs (P.O. Roy NOT acceptable)
Florido etrant add	resp (P.O. Poy NOT escentable)

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..

FL 32804 City, State, and Zip

Registered Agent's Signature (REQUIRED)

Orlando

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Greg Traub
	534 W Par St.
	Orlando FL 32801
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary) RTICLE V: Effective date, if other than the	te date of filing: 01/01/2012 TOPTIONAL)
	be specific and cannot be more than five busines ays p
or 90 days after the date of filing.)	\$ \frac{1}{2} \fra
	m _Q
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
<i>f</i>	
	Y V
Signature of a member	er or an authorized representative of a member.
constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.)
Greg Traub	
T	yped 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)