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SECRETARY OF STATE

J. SAULSBERRY EXAMINER FEB 1 2012

COVER LETTER

TO:	Registration of		ions						
SUBJE	CT:	TRI	STATE	MARKE	77N6,	LLC	,		
			Name of L	imited Liabili	ty Company				
The enc	losed Article	es of Organ	ization and fee(s)	are submitted	for filing.				
Please r		-	e concerning this		_				
-	K	ETTH	T. 4	Amici Co	Person		- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
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-				Addre	ess	-		1 1 24	FEB -1 PM 3
_	7	Aus	HASSEE	, From	204	323	/2	OF STATE.	PH 3: 42
		,	HASSEE PROPERTY TO A REPORT TO	City/State and	Zip Code			ATE:	: 42
-	K	E-m	ail address: (to be u	sed for future a	nnual report not	tification)	•		_
For furt	her informat	ion concert	ning this matter, pl	lease call:					
14	TON H	Am 120	<i></i>	at (_ <i>B</i>	50 3	3540	653		
	Na	ume of Perso	n	1	Area Code & Da	ıytime Tele	phone Number		
Enclose	ed is a chec	k for the f	ollowing amoun	t:					
\$125.00	Filing Fee		0.00 Filing Fee & tificate of Status	Cert	.00 Filing Fe ified Copy tional copy is en	•	\$160.00 Fili Certificate of Certified Co (additional cop	of Status &	
		Regi Divi P.O.	ling Address stration Section sion of Corporatio Box 6327 ahassee, FL 32314	ons	Street/Couries Registration Se Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng re Center C			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

TRI

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
•	· · · · · · · · · · · · · · · · · · ·
TALLAHASSEE, FLORIDA	MAD 13290 NORTH MERIDIAN ROLD THUMHASSEE, FLOREDA B 323/20 8
ARTICLE III - Registered Agent, Registre Limited Liability Company cannot serve as its over business entity with an active Florida registration.) The name and the Florida street address of the stre	
KETTN T.	Name Name Name Name
13290 NORTH	MERIDIAN READ
13290 NORTH	Treet address (P.O. Box NOT acceptable)
13290 NORTH Florida st TAUAHASSEE	Treet address (P.O. Box NOT acceptable)

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..

(CONTINUED)

gistered Agent's Signature (REQUIRED)

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	Name and Address:
"MGRM" = Managing Member	1/
MGR	13290 NORTH MERIDIAN POA TANAHASSEE, FLORIDA 323
MGRM	CINDY O. HAMILTON 13290 NORTH MERICIAN POA THUANASSEE, FLORIDA 32312
	THUANASSEE, FLORIDA 32312
	75 TALEC
	SECRUTAR TALLIAHASS
The second secon	
(Use attachment if necessary)	PH 3: 42 OF STATE E.FIORIDA
•	ne date of filing: (OPTIONAL)
	be specific and cannot be more than five business days

REQUIRED SIGNATURE:

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.)

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)