#1/2000031437

	(Requestor's Name)
-	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



000223463650

03/02/12--01009--022 **125.00

12 MAR -2 PM 3: 26

K.SALY EXAMINER MAR 5 2012

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Trie living L	_C
Name of Limite	ed Liability Company
The enclosed Articles of Organization and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Sandra Hanne	Name of Person
Irie Living	LLC
aas Pacer s	
Sandra Hannan & E-mail address: (to be used for	F1 33852
City Sandra Hanna A	//State and Zip Code
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please	call:
Sandra Hannan	at (<u>863</u>) 659 4335 Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	_
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	\$155.00 Filing Fee & S160.00 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 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Trie Living 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	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
225 Pacer St NW	225 PACEL ST NW
Jas Pacer St NW Jake Placid F1 33852	Jas Pacer St NW Take Placid F133852
-	
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r Sandra Name	registered agent are: Hannan 7
Florida street add	dress (P.O. Box NOT acceptable)
lake Placid City, Sta	3388 D 2 2 2
City, Sta	ate, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registal.	accept service of process for the above stifted limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all orformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
	and I day

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u> Fitle:</u>	Name and Address:
'MGR" = Manager 'MGRM" = Managing Member	
MGR	Sandra Hannan
	225 Pacer St NW
	Take Placed F1 33852
	·
.	
· · · · · · · · · · · · · · · · · · · · · ·	
Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing:, (OPTION
LE V: Effective date, if other than ective date is listed, the date must	the date of filing: (OPTION st be specific and cannot be more than five business d
Use attachment if necessary) LE V: Effective date, if other than rective date is listed, the date must days after the date of filing.)	the date of filing: (OPTION st be specific and cannot be more than five business d
LE V: Effective date, if other than ective date is listed, the date must days after the date of filing.)	the date of filing: (OPTION st be specific and cannot be more than five business d
LE V: Effective date, if other than ective date is listed, the date must days after the date of filing.)	the date of filing: (OPTION st be specific and cannot be more than five business da
LE V: Effective date, if other than ective date is listed, the date must days after the date of filing.)	the date of filing: (OPTION st be specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and cannot be more than five business date of the specific and t
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business di
LE V: Effective date, if other than ective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business de de la cannot be more than five business de la cannot be more than five
LE V: Effective date, if other than ective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation to	st be specific and cannot be more than five business di

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)