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EXAMINER



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	TO:	TO: Registration Section Division of Corporations						
	SUBJE	CT: TRAD	ITION PROPER	TIES ST	PETE LLO			
	SCHOL		Name of Limit					
	The enc	losed Articles o	f Organization and fee(s) are	submitted for	filing.			
	Please r	eturn all corresp	ondence concerning this mat	ter to the follo	wing:			
	<u> </u>	IRENE C	HEN					
				Name of Perso	n			
		TRADITI	ON PROPERTIE	S ST, PE	TE LLC			
	Firm/Company							
	111 S ARMENIA AVE, SUITE 101							
	_	•		Address				
	T	AMPA, FI	_ 33609					
	-			y/State and Zip	Code			
	5	serena@tra	nsglobalproducts.co	m				
			E-mail address: (to be used	for future annua	l report notification)			
	For furt	her information	concerning this matter, pleas	e cali:				
SERENA HU			at (813 839-9060					
		Name	of Person		Code & Daytime Tel	ephone Number		
	Enclose	ed is a check fo	or the following amount:					
V	\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & [I Copy I 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	Regi Divis Clift 2661	et/Courier Address stration Section sion of Corporation on Building Executive Center shassee, FL 32301	os		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	`T <i>(</i>	٦r	\mathbf{F}	T	_ N	Ja	m	0	•
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The name of the Limited Liability Company is:

TRADITION PROPERTIES ST. PETE LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

111 S ARMENIA AVE, SUITE 101

TAMPA, FL 33609

111 S ARMENIA AVE, SUITE 101 TAMPA, FL 33609

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

IRENE CHEN

Name

111 S ARMENIA AVE, SUITE 101

Florida street address (P.O. Box NOT acceptable)

TAMPA

_ы 33609

City, State, and Zip

FILED

12 MAY -2 PM 1: 38

STOREGY OF SHEAR

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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM TRADITION PROPERTIES LLC 111 S ARMENIA AVE, SUITE 101 TAMPA, FL 33609 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: APRIL 30, 2012 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:**

(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.)

Signature of a member or an authorized representative of a member.

IRENE CHEN

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)