

L120000666H

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

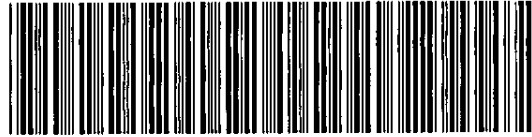
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/16/12--01018--019 **155.00

FILED
12 MAY 16 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 17 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIANGLE GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID HAFIZI

Name of Person

Firm/Company

137 S COURTENAY PARKWAY PMB 753

Address

MERRITT ISLAND, FL 32952

City/State and Zip Code

DAMARHOMES@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID HAFIZI

Name of Person

at (321) 806-5919

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 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:

TRIANGLE GROUP 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:

4092 TRADEWINDS TRAIL
MERRITT ISLAND, FL 32952

Mailing Address:

137 S COURTENAY PARKWAY
PMB 753
MERRITT ISLAND, FL 32952

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:

DAVID HAFIZI

Name

3572 TIPPERARY DRIVE

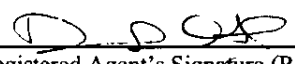
Florida street address (P.O. Box **NOT** acceptable)

MERRITT ISLAND FL 32953

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

HAMID HAFIZI

4092 TRADEWINDS TRAIL

MERRITT ISLAND, FL 32953

MGR

GERALD GANZER JR

PO BOX 541018

MERRITT ISLAND, FL 32954

MGR

LIBHOLDINGS LLC

4052 TRADEWINDS TRAIL

MERRITT ISLAND, FL 32953

SECRETARY/TREASURER

DAVID HAFIZI

3572 TIPPERARY DRIVE

MERRITT ISLAND, FL 32953

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/18/2012. (OPTIONAL)

(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:



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.)

DAVID HAFIZI

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)