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SECRETARY OF STATE
ALLAMASSEE FLORIDA

C. LEWIS

JUN - 5 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TROOPER, 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:

RICHARD CITROLA, JR.

Name of Person

TROOPER, LLC.

Firm/Company

1672 S. HERMITAGE ROAD

Address

FORT MYERS, FL 33919

City/State and Zip Code

deana.citrola@yahoo.com

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

For further information concerning this matter, please call:

RICHARD CITROLA, JR.

Name of Person

at (239) 246-1195

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 Fiting 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:

TROOPER, 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:

1672 S. HERMITAGE RD.

SAME SAME

FORT MYERS, FL 33919

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:

RICHARD CITROLA, JR.

Name

1672 S.HERMITAGE ROAD.

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

FORT MYERS, FL 33919

City, State and Zip

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)

FILED
SECRETARY OF STA

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 RICHARD CITROLA, JR. **MGRM** 1672 S. HERMITAGE ROAD FORT MYERS, FL 33919 **DEANA CITROLA MGRM** 1672 S. HERMITAGE ROAD FORT MYERS, FL 33919 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing (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 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.)

RICHARD CITROLA, JR.

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)