L12000087659

(D-	anasta da Nama)	
(Re	questor's Name)	Ť
(Ad	dress)	
(Ad	ldress)	**
(Cit	ty/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
	_	
		<u> </u>
(Bu	isiness Entity Name	?)
(Do	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
'	ū	
<u></u>	<u> </u>	

Office Use Only



100236921131

07/02/12--01008--007 **160.00

2012 JUL -2 ANIL 41 A
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

T. CLINE

JUL - 5 2012

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	Æ I -	Name
---------------	-------	------

The name of the Limited Liability Company is:

Trinity's Shoes and Accessories, 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:	
1725 London Crest Drive, #301	1725 London Crest Drive, #301	
Orlando, Florida 32818	Orlando, Florida 32818	
ADTICLE HI Dogistawad Agent Dog	sistand Office & Desistand Agent's Signature	
The Limited Liability Company cannot serve as its o	ristered Office, & Registered Agent's Signatur, wn Registered Agent. You must designate an individual or anoth	

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

Mr. Carroll L. Kearse

Name

1725 London Crest Drive, #301

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

Orlando

business entity with an active Florida registration.)

_{FL} 32818

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)

Page 1 of 2

Orlando, Florida 32818 Mrs. Sandra A. Kearse 1725 London Crest Drive, #301 Orlando, Florida 32818

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

"MGR" = Manager

MGRM

MGRM

"MGRM" = Managing Member

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

(If an effective date is listed, the date must be specific and cannot be more than five business da

(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.)

Carroll L. Kearse

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)

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

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

Name and Address:

Mr. Carroll L. Kearse

1725 London Crest Drive, #301