## L12000103748

| (Re                     | questor's Name)     |            |
|-------------------------|---------------------|------------|
| (Ad                     | dress)              |            |
| (Ad                     | dress)              |            |
| (Cit                    | y/State/Zip/Phone # | <i>ł</i> ) |
| PICK-UP                 | WAIT                | MAIL       |
| (Bu                     | siness Entity Name  | e)         |
| (Do                     | cument Number)      |            |
| Certified Copies        | _ Certificates o    | of Status  |
| Special Instructions to | Filing Officer:     |            |
|                         |                     |            |
|                         |                     |            |
|                         |                     |            |
|                         |                     |            |

1

Office Use Only



400238289464

08/10/12--01016--001 \*\*125.00

12 AUG 10 PM 1: 46
SECRETARY OF STATE

C. LEWIS

AUG 18 2012

EXAMINER

## **COVER LETTER**

TO:

**Registration Section** 

| Division of C            | orporations   | ,   | •/   |
|--------------------------|---|---|--|
| SUBJECT:                 | Trimble Squ   | ARED, LLC.  |  |
| •                        | Name of Limited   | d Liability Company   |  |
| The enclosed Articles    | of Organization and fee(s) are so   | ubmitted for filing.  |  |
| Please return all corres | pondence concerning this matte  | r to the following:   |  |
| r                        | nargaret C  | Name of Person  |  |
|                          |   |   |  |
| <u></u>                  |   | Firm/Company  |  |
| (141)                    |   |   |  |
|                          | 37 SANDPIPE   | Address   |  |
| <u>Cle</u>               | Arwater Flo   | State and Zip Code  Panal L. Com  refuture annual report notification)  |  |
|                          | City/   | State and Zip Code  |  |
| YNAY                     | E-mail address: (to be used fo  | r future annual report notification)  |  |
|                          | concerning this matter, please  |   |  |
| MArgaret                 | TRIMble   | at ( 727 ) 57/-3/6<br>Area Code & Daytime Telep   | 65   |
| ,                        | of Feison   | 7 Hea Code de Daytime Perep   | Mond I (Mile)  |
| Enclosed is a check f    | or 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,<br>Certificate of Status &<br>Certified Copy<br>(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 C Tallahassee, FL 32301 | ircle  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  | :  |                          |
|--|--|--------------------------|
| TRIMble Squared (Must end with the words "Limited Liabi  | lity Company, "L.L.C.," or "LLC.")   |                          |
| ARTICLE II - Address: The mailing address and street address of the property o |  | mpany is:                |
| Principal Office Address:  | Mailing Address:   |                          |
| 14437 SANDPIPER CR<br>Clearwater<br>Florida 33762<br>ARTICLE III - Registered Agent, Registered<br>(The Limited Liability Company cannot serve as its own Registation.)  |  | ·e:                      |
| The name and the Florida street address of the   | registered agent are:  | <u>`a</u>                |
| DONALD EDW.  | ARD TRIMBLE ES   | FILED 12 AUG 10 PH 1: 47 |
| 14437 SANDP  | iper Circle SSE  | IO I                     |
|  | dress (P.O. Box NOT acceptable)  | <b>3</b> 0               |
| <u>Clearwater</u><br>City, St  | FL 33762 RA  | 1: 47                    |
| Having been named as registered agent and to<br>liability company at the place designated in<br>registered agent and agree to act in this capacit  | accept service of process for the above state this certificate, I hereby accept the appointm | ed limited<br>nent as    |

Registered Agent's Signature (REQUIRED)

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..

(CONTINUED)

Page 1 of 2

| ARTICLE IV- Manager(s) or Managing Member(s):  |   | FILE                             |  |
|--|---|----------------------------------|--|
| The name and address of each Manag   | ger or Managing Member is as follows:                       | 10 (1                            |  |
| Title: "MGR" = Manager "MGRM" = Managing Member  | Name and Address:   | SECRETARY OF<br>TALLAHASSEE, I   |  |
| MGR  | DONALD E. TRIMBLE<br>14437 SANDPIPER C<br>CLEARWAYER FLORI  | ,<br><u>ircle</u><br>da 33762    |  |
| m6 R   | Margaret C. TRIMb.<br>14437 SANDPIPOR<br>Clearwater Florida | le<br>Circle<br>33762            |  |
| <del></del>  |   |                                  |  |
|  |   |                                  |  |
| (Use attachment if necessary)  |   |                                  |  |
| LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) | date of filing:e specific and cannot be more than five      | (OPTIONAL)<br>business days pric |  |
|  |   |                                  |  |

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.)

DONALD EDWALD TRIMBLE

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)