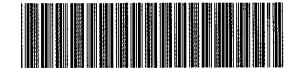
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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

JAN 15 2013

G. McLEOU



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SECRETARY OF STATE ALLAHASSEE FLORID



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	rending N Name of Limite	<u>δ'</u> ₩	
	Name of Limite	d Liability Company	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	ndence concerning this matte	er to the following:	
	Ann Ma	so re	
		Name of Person	, , , , , , , , , , , , , , , , , , ,
	Trending	Now	
21	41 Tresu	Address FL 32308	
		Address	
	lahassee	, FL 32308	3
	anninth @	/State and Zip Code , aol. com	
	E-mail address: (to be used for	or future annual report notification)	
For further information co	oncerning this matter, please	call:	
	hoore	at (850) 251 Area Code & Daytime Telepho	- 3923
Name o	f Person	Area Code & Daytime Teleph	one Number
Enclosed is a check for	r the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Cir Talfahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Trending Now L	L.C.
(Must end with the words "Limited Liability Company, "L.I.	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:
1005 M. Pensacola St.	- 2141 Trescott Dr.
Tallahassee, FL	Tallahassea FL
32304	32308

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: Ann Moore 2141 Trescott Pr. Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32308

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..

(CONTINUED)

Page 1 of 2

<u> Fitle:</u> MGR" = Manager MGRM" = Manag		Name and Address:
MGR	ing Member	Ann Moore 2141 Trescott Dr Tallahassee, FL 323
Use attachment if	necessary)	
•		data a S S I to as a COPTIO
LE V: Effective da fective date is list	ed, the date must	date of filing: (OPTIC be specific and cannot be more than five bus
LE V: Effective da fective date is list or 90 days after th	ed, the date must ne date of filing.)	
LE V: Effective da fective date is list or 90 days after th	ed, the date must ne date of filing.)	
LE V: Effective da fective da fective date is list or 90 days after the REQUIRED SIGN	ed, the date must ne date of filing.) NATURE:	
LE V: Effective da fective date is list or 90 days after th REQUIRED SIGN S (In accordance) Constitute I am awar	NATURE: Signature of a member dance with section 608 as an affirmation under that any false informes a third degree felony	be specific and cannot be more than five bus

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)