

L1300027418

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000040691 3)))



H1300004069134BCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From: Carrie Ramos, Paralegal, please fax confirmation to (407) 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078

Phone : (407) 843-8880

Fax Number : (407) 244-5690

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

TriFlex Table Company, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
13 FEB 21 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2013 FEB 21 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

N. Culligan FEB 22 2013

ARTICLES OF ORGANIZATION SECRETARY OF STATE
FOR TALLAHASSEE, FLORIDA
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
Name

The name of this Limited Liability Company is:

TriFlex Table Company, LLC

ARTICLE II
Address

The mailing address and the street address of the principal office of this Limited Liability Company is:

10461 Down Lakeview Circle
Windermere, FL 34786

ARTICLE III
Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV
Initial Board of Managers

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The name and address of the initial manager of this Limited Liability Company are as follows:

<u>Name</u>	<u>Street Address</u>
William Hohns	10461 Down Lakeview Circle Windermere, FL 34786

ARTICLE V

Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Michael E. Neukamm
c/o Gray Robinson, P.A.
301 East Pine Street, Suite 1400
Orlando, FL 32801

Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I am familiar with and accept the obligations of my position as the registered agent for this Limited Liability Company, as provided for in Chapter 608, Florida Statutes.



REGISTERED AGENT'S SIGNATURE

In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



SIGNATURE OF AUTHORIZED REPRESENTATIVE OF A MEMBER

Michael E. Neukamm

Type or printed name of Authorized Representative of a Member

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)

FILED
2013 FEB 21 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H13000040691 3