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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
WAY 1.5 2013
A. LUNT

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COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT:	Truco T	hreads,	LLC	
	Name of Limit	ted Liability Comp	any	
The enclosed Articles	of Organization and fee(s) are	submitted for filing	g.	
Please return all corre	spondence concerning this mat	ter to the following	j.	
	llar	na Brune	lle	
		Name of Person		
	Redgrave		nthal Ll	P 17ALL AHAY -9
40	0 = 1 = 1	Firm/Company		HAZZ.
120	0 East Palmet	to Park F	Road, S	uito Toons
		Address		TO TO
	Boca Raton,	Florida	33432-4	1809
		ty/State and Zip Cod		70>
		lans2@aol		
	E-mail address: (to be used	for future annual rep	ort notification)	
For further informatio	n concerning this matter, please	e call:		
Jennifer E	. Zakin	_ _{at (} 561	347-17	700
Nam	e of Person		e & Daytime Telep	phone Number
Enclosed is a check	for the following amount:			
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filin Certified Co (additional cop	рру	\$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	Registrat Division Clifton E 2661 Ex	ourier Address ion Section of Corporations Building ecutive Center C see, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
	uco Threads, LLC
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
· ·	
Principal Office Address:	Mailing Address:
701 South Howard Avenue	701 South Howard Avenue
Suite 106-226	Suite 106-226
Tampa, Florida 33606	Tampa, Florida 33606
business entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are: Gail E. Weiss Name ward Avenue, Suite 106-226
	street address (P.O. Box NOT acceptable)
Tam	npa, _{FL} 33606
	City, State, and Zip
liability company at the place design registered agent and agree to act in th all statutes relating to the proper and and accept the obligations of my positi	t and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with ion as registered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

MGR	Gail E. Weiss
	701 S. Howard Avenue, Unit 106-226
	Tampa, Florida 33606
MGR	Eric Weiss
	158 Johnson Avenue, Apt. 301
	Brooklyn, New York 11206
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	The state of the s
	000 000 000 000 000
(Use attachment if ne	ary)
LE V: Effective date iffective date if is listed or 90 days after the REQUIRED SIGNA	ther than the date of filing: (OPTION of filing.) RE: (OPTION of filing.)
LE V: Effective date iffective date if is listed or 90 days after the REQUIRED SIGNA	ther than the date of filing: (OPTIO e date must be specific and cannot be more than five bu of filing.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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