L15000110286

(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:				
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SEURETARY OF STATE
TALLAHASSEE, FLORIDA

113 AUG -2 PM 4: 2

B. BOSTICK

AUG - 5 2013

EXAMINER

(850) 245-6051.

COVER LETTER

TO: Registration S Division of Co					
SUBJECT. Trim	Specialist, LL	₋C.			
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Organization and fee(s) are	submitted for fili	ng.		
Please return all corresp	ondence concerning this matt	er to the following	ng:		
Charles	Faucett				
		Name of Person			
Trim Sp	ecialist, LLC.				
- 	· · · · · · · · · · · · · · · · · · ·	Firm/Company			
2557 C	ounty Road 6	74A			
		Address			
Bushne	II, FL 33513				21
City/State and Zip Code CLECR ARE Signal Property Code CLECR CARE Signal Property CARE Signal Prope				IS AUG	
	E-mail address: (to be used t	for future annual re	eport notification)	SSE	
For further information of	concerning this matter, please	call:			
Virginia Ta	ylor	_ _{at} 352	₃ 793-37	760 🗐	
Name o	of Person		ode & Daytime Telep	phone Number 🗮	7
Enclosed is a check for	or the following amount:				
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified (additional c	-	\$160.00 Filing Certificate of Certified Copy (additional copy	Status &

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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lim	nited Liability Company is:		
Trim Specialist, LLC.			
(Must	t end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add	lress:		
The mailing address	and street address of the pri	ncipal office of the Limited Li	ability Company is:
Principal Office Address:		Mailing Address:	
2557 County Road 674A		2557 County Road 674A	
Bushnell, FL. 33513		Bushnell, FL. 33513	
			
(The Limited Liability Combusiness entity with an act The name and the Fl	npany cannot serve as its own Registe	Office, & Registered Agent's red Agent. You must designate an indiving egistered agent are:	
	Name		121-7 (F)
2557 County Road 674A			PH 1
Florida street address (P.O. Box)		ress (P.O. Box NOT acceptable)	OKIE 2
	Bushnell,	_{FL} 33513	<u> </u>
_	City, Sta	te, and Zip	
liability company registered agent ar all statutes relatin	y at the place designated in the nd agree to act in this capaci ng to the proper and complete	accept service of process for the his certificate, I hereby accept to the ity. I further agree to comply we performance of my duties, and gistered agent as provided for its acceptance (REQUIRED)	he appointment as ith the provisions of d I am familiar with

(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Charles Faucett
	2557 County Road 674A
	Bushnell, FL. 33513
MGRM	Gary Taylor
	2557 County Road 674A
	Bushnell, FL. 33513
MODM	Ministrie Toules
MGRM	Virginia Taylor
	2557 County Road 674A Bushnell, FL. 33513
	Bushineli, FL. 33313
	n the date of filing: (OPTIONAL) must be specific and cannot be more than five business days
prior to or 20 days after the date of fining	<u></u>
REQUIRED SIGNATURE:	2013 AUG SEURLI ALLAHA
	SSEE 2
Signature of a mo	ember or an authorized representative of a member.
constitutes an affirmation u I am aware that any false i	n 608.408(3), Florida Statutes, the execution of this document: under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State released per personnel of this document to the Department of State released per penalties of perjury that the facts stated herein are true.
Virginia Taylor	
	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)