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> B. BOSTICK AUG **2 0** 2013 EXAMINED

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·	, COVEI	R LETTER		92 ⁴	
TO: Registration S Division of Co			n, ja		
Tred	anick, LLC				
SUBJECT:		d Liability Comp	any		-
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing	3.		
Please return all corresp	bondence concerning this matte	er to the following			
Daniell	e Senay				
		Name of Person			
Tredan	ick, LLC				
Tedan		Firm/Company			
6052 C	LENDALE DF				
0052 G		Address			
Boca R	aton, FL. 334	33			
					<u> </u>
dsenav12	-	/State and Zip Cod	e	JALL	2013
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	05@yahoo.com	/State and Zip Cod or future annual rep		TALLAHASSE	
	E-mail address: (to be used for concerning this matter, please	//State and Zip Cod or future annual rep call: 954		TALLAHASSEE, TLO	AUG 19 PM
For further information	E-mail address: (to be used for concerning this matter, please	//State and Zip Cod or future annual rep call: at (<u>954</u>	ort notification)		
For further information Danielle S Name	Concerning this matter, please enay of Person	//State and Zip Cod or future annual rep call: at (<u>954</u>	ort notification)) 892-412		AUG 19 PM 5:
For further information Danielle S Name	E-mail address: (to be used for concerning this matter, please enay	//State and Zip Cod or future annual rep call: at (<u>954</u>	ort notification) 892-412 e & Daytime Telepho ng Fee & \$ ppy \$ y is enclosed)		Fee, atus &

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tredanick, LLC

(Must end with the words "Limited Liability Company, "L.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:
6052 GLENDALE DR	6052 GLENDALE DR
Boca Raton, FL. 33433	Boca Raton, FL. 33433

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 t	he Florida street address of the registered agent are:	ALL	013 A	
	Danielle Senay	AHA	ĴŪ	4
	Name		19	ени ни т С
	6052 GLENDALE DR	me.	PĂ	L
	Florida street address (P.O. Box <u>NOT</u> acceptable)	Ū.	ហ៊	
	Boca Raton, _{FL} 33433	DRID/	05	

~ 1

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.

egistered Agent's Signature (REQUIRED)

(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:

<u>Title:</u>

Name and Address:

"MGR" = Manager "MGRM" = Managing Member

MGRM

Danielle Senay 6052 GLENDALE DR Boca Raton, FL. 33433

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>REQUIRED</u> SIGNATURE:

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.)

Danielle Senay

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)