

L14000076214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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14 MAR -3 4:10:58  
TALLAHASSEE, FLORIDA

J. Shivers MAR 04 2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tru Concierge, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angela Rice

Name of Person

Guardian Law

Firm/Company

10421 S. Jordan Gtwy Ste. 600

Address

South Jordan, UT 84095

City/State and Zip Code

Info@veilcorporate.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Rice

Name of Person

877

Area Code

313-1043

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
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 Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tru Concierge, 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:

Northwest Registered Agent LLC  
3030 N. Rocky Point Dr., Ste 150A  
Tamp, FL 33607

4108 Heath Circle South West  
Palm Beach, FL 33407

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:

NORTHWEST REGISTERED AGENT LLC

Name

3030 N. Rocky Point Dr., STE 150A

Florida street address (P.O. Box **NOT** acceptable)

Tampa

FL 33607

City

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 605, F.S..*



Dan Keen - Manager

Registered Agent's Signature (REQUIRED)

(CONTINUED)

14 MAR -3 11:00 AM '08  
STATE OF FLORIDA  
TAMPA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR and AMBR

Lorene Hughey  
4108 Heath Circle South West  
Palm Beach, FL 33407

MGR and AMBR

Leonardo Rabathaly  
4108 Heath Circle South West  
Palm Beach, FL 33407

(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.)

**ARTICLE VI:** Other provisions, if any.

The Members/Managers may in their discretion distribute the profits and/or capital of the LLC business pro rata or non-pro rata as they deem advisable. If the Members/Managers make non-pro rata distributions, those distributions shall be taken into account in recalculating each Members/Managers Capital Account (and/or Drawing Account) at the end of the LLC's fiscal year.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

Angela Rice

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)