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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Shoppes at Trinity Lakes, LI Name of Li	C mited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	201 FL
Please return all correspondence concerning this n	natter to the following:	
Deann Lazzari Wojcicki		14 A
DOGINI LOZZEN WOODS	Name of Person	2014 HAY 14 AM 9:
The Sembler Company		
	Firm/Company	कृति ज
5858 Central Avenue	Address	
St. Petersburg, FL 33707-1728	City/State and Zip Code	
deann.lazzari-wojcicki@sembler.com E-mail address: (to be use	ed for future annual report notifica	ation)
For further information concerning this matter, ple	ease call:	
Deann Lazzari Wojcicki at (727) 384-6000, ext. 3	015
Name of Person		lephone 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	Street/Courier Add Registration Section Division of Corporat	

P.O. Box 6327 Tallahassee, FL 32314

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:		
 .		
The Shoppes at Trinity Lakes, LLC		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	F. 8
•		
ARTICLE II - Address:		
The mailing address and street address of the principal o	ffice of the Limited Liability Company is:	2014 BAY
D: 1 1000		65 =
Principal Office Address:	Mailing Address:	Control -
5050 0 4 4 4 4 4	DO D 440.47	
5858 Central Avenue	PO Box 41847	— 18 T
St. Petersburg, FL 33707-1728	St. Petersburg, FL 33743-1847	— <u>F</u>
		— 温雪 —
		igam on
ARTICLE III - Registered Agent, Registered Office,		Earle
(The Limited Liability Company cannot serve as its own		dividual or
another business entity with an active Florida registratio	n.)	
The name and the Florida street address of the registered	agent are:	
Gregory S. Sembler		
Name		

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.

33707-1728

Registered Agent's Signature (REQUIRED)

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

City

5858 Central Avenue

St. Petersburg

(CONTINUED)

Page 1 of 2

Citle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR, MGR	GB Trinity, LLC
	5858 Central Avenue
	St. Petersburg, FL 33707-1728
AMBR	Adam Smith Enterprises, Inc.
	PO Box 1608
	Tarpon Springs, FL 34688-1608
	•
	<u> </u>
	
tive date is listed, the date must be spec	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or
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V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any.	
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Page 2 of 2