14000091071

(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:					

ĵ.

Office Use Only



500260858995

06/05/14--01019--028 **125.00

2014 JUN -5

ڢ

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SMC TRINITY LLC	C			
		<u></u>		
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
			ļ ——	Cert. Copy
				Photo Copy
				Certificate of Good Standing
			}	Certificate of Status
			<u> </u>	Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature			<u> </u>	Fictitious Owner Search
_				Vehicle Search
				Driving Record
Requested by: SETH Name	$\frac{06/05/14}{\text{Date}}$	Time		UCC 1 or 3 File
				UCC 1! Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of this Company shall be:

SMC TRINITY, LLC.

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 3119 MOSSVALE LANE, TAMPA, FLORIDA 33618.

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

O'CONNOR & ASSOCIATES 1250 S. BELCHER ROAD, SUITE 160 LARGO, FLORIDA 33771

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.

O'CONNOR & ASSOCIATES Registered Agent

Ву:

Patrick M. O'Connor, Esquire

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 SHAMA S. COLQUHOUN

> 3119 MOSSVALE LANE TAMPA, FLORIDA 33618

MGR MICHAEL W. COLQUHOUN

> 3119 MOSSVALE LANE TAMPA, FLORIDA 33618

ARTICLE V **MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager -managed company.

PATRICK M. O'CONNOR

(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.)