

L14000165176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

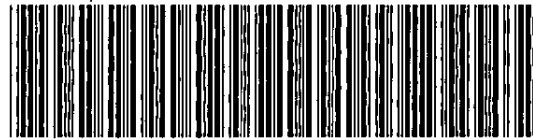
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/23/14--01009--007 **125.00

EFFECTIVE DATE 10/22/14

RECEIVED
14 OCT 23 AM 10:56
DIVISION OF CORPORATION

FILED
14 OCT 23 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CM
10/24/2014

CAPITAL CONNECTION, INC.

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

Trinity Home Tampa, LLC

Signature _____

Requested by: SETH

10/23/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ 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 _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRINITY HOMES TAMPA 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:

JAE YOUNG YOO
Name of Person

JAE YOO MANAGEMENT LLC
Firm/Company

17633 GUNN HIGHWAY #117
Address

ODESSA, FL 33556
City/State and Zip Code

JAEOOMANAGEMENT@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KI H. CHOI CPA at (813) 876-6442
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

TRINITY HOMES TAMPA, LLC

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 605, Florida Statutes)

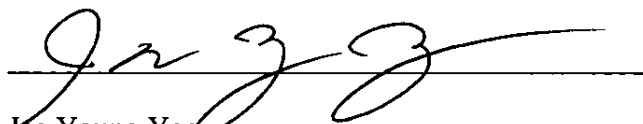
1. **Name.** The name of the limited liability company is **TRINITY HOMES TAMPA, LLC.**
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

17633 Gunn Hwy #117, Odessa, FL 33556
4. **Mailing Address.** The mailing address of the limited liability company is:

17633 Gunn Hwy #117, Odessa, FL 33556
5. **Management.** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.
6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

Jae Young Yoo
17633 Gunn Hwy #117
Odessa, FL 33556

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 the 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.


Jae Young Yoo

EFFECTIVE DATE 10/22/14

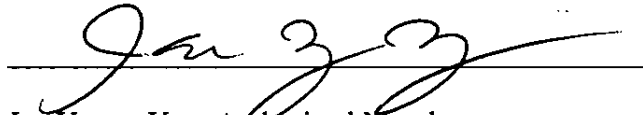
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7. Authorized Members: The name and address of each Managing Member is as follows:

<u>TITLE</u>	<u>NAME AND ADDRESS</u>
AMBR	Jae Young Yoo 17633 Gunn Hwy #117, Odessa, FL 33556

8. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

OCTOBER 22, 2014


Jae Young Yoo, Authorized 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 and correct. I am aware that any false information submitted in a document to Department of Revenue constitutes a third degree felony as provided for in s. 817.155, F.S.)

FILED
14 OCT 23 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA