

L14 00618015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

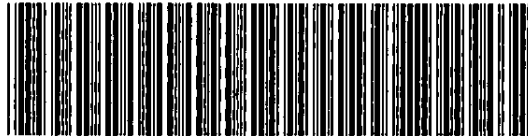
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

NOV 21 2014

**The Law Office of B. Elaine Jones**

**P.O. Box 2664**

**Brandon, FL 33509-2664**

**Phone (813) 681-8383**

**Email: bej@belainejoneslaw.com**

**Website: www.belainejoneslaw.com**

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October 31, 2014

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 705 Trop, LLC

Dear Sir/Madam:

I am enclosing the original Articles of Incorporation and a conformed copy along with a check made out to the State of Florida, Division of Corporations for \$130.00 for the filing fee and to receive a Certificate of Status, along with a self-addressed stamped envelope. Please provide us with the appropriate certificate upon filing the articles.

If you have any questions, please do not hesitate to contact me. Thank you for your time and attention to this matter.

Sincerely,

  
B. Elaine Jones, Esq.

BEJ/ej  
Enclosures  
cc: Dean & Kathy Pelletier

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 705 Trop, 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:

Dean Pelletier  
Name of Person

705 Trop, LLC  
Firm/Company

2215 Lake Bay Way  
Address

Brandon, FL 33511  
City/State and Zip Code

dpelletier1.@tampabay.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dean Pelletier at ( 813 ) 927-9817  
Name of Person Area Code 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:

33 705 Trop, Limited Liability Company

(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:

2215 Lake Bay Way  
Brandon, FL 33511

2215 Lake Bay Way  
Brandon, FL 33511

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:

Kathy Pelletier

Name

2215 Lake Bay Way

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

Brandon

FL 33511

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.*

Kathy Pelletier

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

President

**Name and Address:**

Kathy Pelletier

2215 Lake Bay Way

Brandon, FL 33511

Vice President

Dean Pelletier

2215 Lake Bay Way

Brandon, FL 33511

Secretary

Dean Pelletier

2215 Lake Bay Way

Brandon, FL 33511

Treasurer

Kathy Pelletier

2215 Lake Bay Way

Brandon, FL 33511

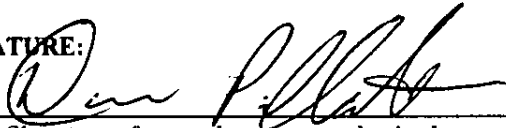
(Use attachment if necessary)

**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.

**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.)

Dean Pelletier

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)**

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