

L 15000023063

(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:

CORRECTION TO EFFECTIVE DATE
PER CONVERSATION WITH
J.G. SOMAVILLA 2/6/2015 KS

Office Use Only



500268694825

EFFECTIVE DATE
1-21-2015

01/28/15--01003--013 **130.00

FILED
2015 JAN 28 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
FEB -6 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Trusted Solution Services 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:

Ms. Lucy Somavilla

Name of Person

Trusted Solution Services LLC c/o

Firm/Company

12458 Winston Court

Address

Spring Hill, FL 34609

City/State and Zip Code

igsdive@gmail.com

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

For further information concerning this matter, please call:

J.G. Somavilla

Name of Person

at (352) 587-7846

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:

EFFECTIVE DATE
1-21-2015

Trusted Solution Services 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:

12458 Winston Court
Spring Hill, FL 34609

12458 Winston Court
Spring Hill, FL 34609

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:

Lucy Somavilla

Name

12458 Winston Court

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

Spring Hill

City

FL 34609

Zip

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TALLAHASSEE, FLORIDA

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.

Lucy Somavilla
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

J.G. Somavilla
12458 Winston Court
Spring Hill, FL 34609

AMBR

Lucy Somavilla
12458 Winston Court
Spring Hill, FL 34609

AMBR

Blanca Meza
12458 Winston Court
Spring Hill, FL 34609

(Use attachment if necessary)

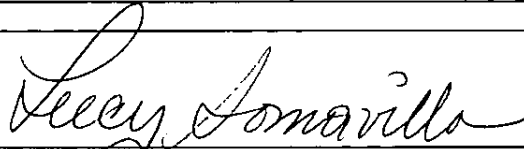
ARTICLE V: Effective date, if other than the date of filing: 21 January 2015. (OPTIONAL)

(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.

Purpose and Management: The purpose of this Limited Liability Corporation shall be any and all lawful business. This LLC is member-managed with one elected manager.

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.)

Lucy Somavilla

Typed or printed name of signer

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)