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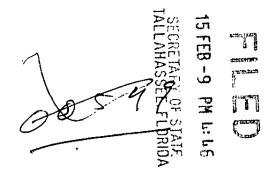
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COVER LETTER

Division of Corporations
SUBJECT: TRUSTUURTHY SURVEYING LLC. Name of Limited Liability Company,
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:
Dennis Fenty Name of Person
Name of Person
TRUST-WORTHY SURVEYING LLC.
Firm/Company
2316 Kingscrest Circle
Address
Apopka FL 327/2 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dennis Fenty at 321 441-5355
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{c} \\$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

S.

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TO:

Registration Section



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2015

DENNIS FENTY 2316 KINGSCREST CIRCLE APOPKA, FL 32712

Ref. Number: 000263951860

15 FES -9 AN IO: 00

Upon receipt of your letter and/or check(s) totaling \$160.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 915A00000611

Direct # 850-245.6928

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
TRUSTWORTHY SURVEYING 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: 2316 Kings Crest Circle APOPKA FL 32712 APOPKA FL 32712			
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:	SECRE	15 FEB	Const.
Dennis Fenty Name, Name, Cincle	TARY C	-9	Canada (Canada (Canada (Canada
riorida street address (P.O. Box NOT acceptable)	S. 3.4.	9ካ ፡፡ ተ ዚብ	y .
Agopka FL 327/Z	TATE ORID	=	- Canada
Having been named as registered agent and to accept service of process for the above stated limited liability comp the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in a capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete perform of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided fo Chapter 605, F.S	pany at this nance	ā	
Registered Agent's Signature (REQUIRED) (CONTINUED)			

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMAR	Dennis tentu 2316 Kingscrest Mirde Apoka t 327/2	
MGR	Dan Wilson	
	O-	
	date of filing. (OPTIONAL) Abe specific and cannot be more than five business days prior to or 90 days after	
LEV: Effective date, if other than the	date of filing. (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after	
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CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)	
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State	

Page 2 of 2