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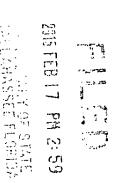
| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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02/17/15--01016--002 **155.00



FEB 2 3 2015

J. BRUCE

COVER LETTER

| TO: Registration Division of C | Section Corporations | | · | Ž. |
|--------------------------------|--|---|--|----------------------------------|
| SUBJECT: | rend Wich | H Me LL nited Liability Company | <u></u> | |
| The enclosed Articles | of Organization and fee(s) as | re submitted for filing. | | |
| Please return all corre | spondence concerning this m | atter to the following: | | |
| | David Du | biner | | |
| | | Name of Person | | |
| | | Firm/Company | | |
| .80 | ols NW | I d Cout | | |
| | | Address | , | |
| (| gainesvill | 12 F1, 32 | 60-7 | |
| | enail address: (to be use | City/State and Zip Code Code Code Gorfuture annual report notification | | 2015 FEB |
| For further information | on concerning this matter, plea | ase call: | Ya. | 55 T |
| Davide | obiger at (| Area Code Daytime Te | S488 lephone Number | PK 2: 59 PF SIATE EFLORIDA |
| Enclosed is a check for | or the following amount: | | | |
| □ \$125.00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | S160.00 Filing Certificate of S Certified Copy (additional copy in | Status & |
| | iling Address sistration Section | Street/Courier Add Registration Section | ress | |

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 FLORIDALIMITED LIABILITY COMPANY

| ARTICLE I - Name: | <i>;</i> |
|--|---|
| The name of the Limited Liability Company is: | |
| Trend With Me 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: | |
| Gainesurlin, 124 Same | |
| 32607 | |
| 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 inanother business entity with an active Florida registration.) | ndividual or |
| The name and the Florida street address of the registered agent are: | |
| The name and the Florida street address of the registered agent are: David Dubinev Name | |
| Name | |
| 8018 NW 2nd Court | |
| Florida street address (P.O. Box NOT acceptable) | |
| Gaiges Ville FL 32607 | |
| | |
| Having been named as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered agent and a capacity. I further agree to comply with the provisions of all statutes relating to the proper and con of my duties, and I am familiar with and accept the obligations of my position as registered agent Chapter 605, F.S | gree to act in this nplete performance |
| Land pluleau | |
| Registered Agent's Signature (REQUIRED) | 5. 25 |
| (CONTINUED) | |
| Page 1 of 2 | |
| | |
| • | |

| Title: | Name and Address: | | | |
|---|--|---|-------------------------------|--|
| "AMBR" = Authorized Member "MGR" = Manager | 0 1 | m 1. | | |
| AMBR | Kachel | レシャ | 121 | |
| | 8018 Nu |) 2 m | ows | W- |
| | barnesu | FUY FI | 3260 | 97 |
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| (Use attachment if necessary) | | • | | |
| | | | | |
| EV: Effective date, if other than the date of fi ective date is listed, the date must be specific | ling: | (OPTIO | NAL) | |
| of filing.) E VI: Other provisions, if any. | | | | |
| of filing.) E VI: Other provisions, if any. | | | | |
| of filing.) E VI: Other provisions, if any. | | | | |
| of filing.) E VI: Other provisions, if any. | | · · | | . |
| of filing.) E VI: Other provisions, if any. | | | | |
| of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membe | r or an authorized representa | ative of a member | r. | |
| REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.02 | r or an authorized represente | ative of a member | document | ······································ |
| REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.02 constitutes an affirmation under the | r or an authorized represente 03 (1) (b), Florida Statutes, the penalties of perjury that the fa | ative of a member execution of this acts stated herein a | document re true. | |
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