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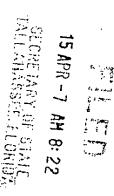
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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J. SHIVETS APR 21 785

COVER LETTER

TO: Registration Section Division of Corporations		
subject: <u>Туарр</u>	Enterprises LLC Nume of Limited Liability Company	·
The enclosed Articles of Organizati	on and fee(s) are submitted for filing.	
Please return all correspondence co	ncerning this matter to the following:	
	Richard Trapp Name of Person	
Tra	eff Enterprises, L	LC
18	20 N. Westmore/a	nd Dr.
	Address	
	Orlando FL 32804 Cay/State and Zip Code	
E-mail add	City/State and Zip Code 2016 Media filons Community (to be used for future annual report notification)	l. com
For further information concerning	his matter, piease cail:	
Richard Tra	at (<u>321</u>) <u>695-913</u> Area Code Daytime Tele	phone Number
Enclosed is a check for the following	g amount:	
\$125.00 Filing Fee \$\infty \text{\$\frac{1}{3}}	Filing Fee & Status Status Status 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

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.	The name of the Limited Liability Company is:		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: IS20 N. Westmoreland Dr. Orlando, Ft. 32809 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: Richard Trapp Name IS20 N. Westmoreland Dr Florida street address of the registered agent are: Richard Trapp Name IS20 N. Westmoreland Dr Florida street address (P.O. Box NOT acceptable) Orlando 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 standars 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 accomplete performance of my duties. and I am familiar with and accept the obligations of my position as registered agent accomplete performance of my duties. And I am familiar with and accept the obligations of my position as registered agent accomplete performance of my duties. And I am familiar with and accept the obligations of my position as registered agent accomplete performance of my duties. And I am familiar with and accept the obligations of my position as registered agent accomplete performance of my duties. Agent is Signature (REQUIRED) Registered Agent is Signature (REQUIRED)	TRAPP ENTER P (Must end with the words "Limited	RISES LLC Liability Company, "L.L.C.," or "LLC."	 ')
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 registered agent are: Richard Trapp Name 1820 N Westmore and Dr Florida street address of the registered agent are: Richard Trapp Name 1820 N Westmore and Dr Florida street address (P.O. Box NOT acceptable) Orlando FL 32804 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 asprovided for in Chapter 605, F.S. Registered Agent's Signature (REQUIREDIN) (CONTINUED)	ARTICLE II - Address:		
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	Page 1 of 2		A10 A10 A10 A10 A10 A10 A10 A10 A10 A10

Title: "AMBR" = Authorized Member "MGR" = Manager MGR" = Manager	Name and Address: Richard Trapp
	Orlando, FL 32804
	
(Use attachment if necessary) EV: Effective date, if other than the datective date is listed, the date must be sective.	e of filing: April 1, 2015. (OPTIONAL)
E V: Effective date, if other than the date ctive date is listed, the date must be sof filing.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the date ective date is listed, the date must be soff filing.) E VI: Other provisions, it any.	e of filing: April 1, 2015. (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
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