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COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: TRINITY PREMIER AUTO SALES. I	LC d Liability Company
Name of Emilie	a Blabinsy Company
The enclosed Articles of Organization and fee(s) are so	ubmitted for filing.
Please return all correspondence concerning this matte	r to the following:
JOHNATHAN P. MARTIN	
1	Name of Person
TRINITY PREMIER AUTO SALES, LL	
1	Firm/Company
2440 01100500 DD - CUITE 0	
2410 SUCCESS DR SUITE 8	Address
ODESSA, FL 33556	
City/	State and Zip Code
trinity.collision@gmail.com	r future annual report notification)
E-mail address: (to be used to	r future annual report notification)
For further information concerning this matter, please of	call:
MICHAEL R. MACARTHUR at (727 Name of Person A) 807-6005 rea Code Daytime Telephone Number
Name of Ferson A	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\overline{\subset}\$\$ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy additional copy is enclosed) 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:		
TRINITY PREMIER AUTO SALES, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2410 SUCCESS DR STE 8 ODESSA, FL 33556	2410 SUCCESS DR STE 8 ODESSA, FL 33556	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	Registered Agent's Signature: egistered Agent. You must designate an individual o	ər
The name and the Florida street address of the registered ag	gent are:	
MICHAEL R. MACARTHUR Name		
19750 TIMBERBLUFF DR Florida street address (P.O. Box N	ROT acceptable)	
LAND O LAKES	FL 34638	
City	Zip	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter	he appointment as registered agent and agree to act i all statutes relating to the proper and complete perfo	in this rmance
Registered Agent's Signatur	RETARY OF REQUIRED)	
(CONTINUE)	¹	tor some
Page 1 of 2	DF 4	

	Title: "AMBR" = Authorized "MGR" = Manager	Member	Name and Address:	
	MGR		JOHNATHAN P. MARTIN	
	MOTO		4439 SUMMERLAKE DR	
			NEW PORT RICHEY, FL 34653	
			14E44 1 OKT [KIO][E1; 1 E 34033	
	MGR		MICHAEL R. MACARTHUR	
			19750 TIMBERBLUFF DR	
			LAND O LAKES, FL 34638	
			<u></u>	
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