

15000177143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

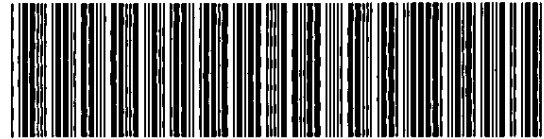
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700277936307

15 OCT 19 AM 8:19

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

RECEIVED  
DEPARTMENT OF STATE  
15 OCT 19 PM 4:36

OCT 20 2015

T SCHROEDER

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 10/19/15**

**NAME: TRUEFRAME FRANCHISES, LLC**

**TYPE OF FILING: ARTICLES**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



---

TO REMAIN  
SUFFICIENT OF  
FILING

15 OCT 19 PM 4:28

RECEIVED  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT

---

## ARTICLES OF ORGANIZATION

OF

### TRUEFRAME FRANCHISES, LLC

---

The undersigned Member or Authorized Representative of the Member signs these Articles of Organization and forms a limited liability company (the "**Company**") under the Florida Revised Limited Liability Company Act (the "**Act**"), as follows:

#### NAME

The name of the Company is: **TrueFrame Franchises, LLC**

#### MAILING ADDRESS AND STREET ADDRESS

The mailing address and street address of the principal office of the Company is:  
3343 West Commercial Boulevard, Suite 104  
Fort Lauderdale, Florida 33309

#### NAME AND ADDRESS OF MANAGER

The name and address of the Manager of the Company is:  
Michael Amalfi  
3343 West Commercial Boulevard, Suite 104  
Fort Lauderdale, Florida 33309

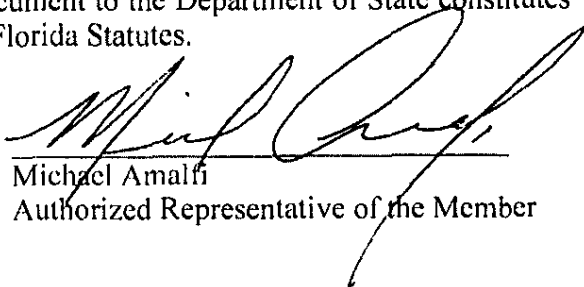
#### EXISTENCE

The Company's existence will commence upon filing.

#### INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent and office of the Company are:  
Michael Amalfi  
3343 West Commercial Boulevard, Suite 104  
Fort Lauderdale, Florida 33309


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, Florida Statutes.

  
Michael Amalfi  
Authorized Representative of the Member

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 OCT 19 AM 8:19

**ACCEPTANCE BY REGISTERED AGENT**

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, Florida Statutes.

  
\_\_\_\_\_  
Michael Amalfi  
3343 West Commercial Boulevard  
Suite 104  
Fort Lauderdale, Florida 33309

Dated: October 15<sup>th</sup>, 2015

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 OCT 19 AM 8:19