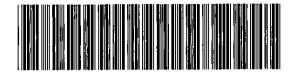
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
. PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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JUL 2 6 2016 SCOTT



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## FILING CANCELLED RETURNED CHECK

TO ACKNOWLE SEE FILENO

6 JUL 26 PH 2:



### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TREND SETTERZ LLC  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:	
TREYZONTIND FULLIERE Name of Person	
TRENDSETTERZ LLC Firm/Company	
Z605 MAYFAIR RUAD	
City/State and Zip Code  Stammaink & gmail. com  Small addicts to (to be used for future annual report notification)	
For further information, or accorning this matter, please call:	
TREYZON FULLIER 850 228-5823  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
Mailing Address  New Filing Section  New Filing Section	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	EMILE LEEDINI COMPANI
ARTICLE 1 - Name: The name of the Limited Liability Company is:	FILING CANCELLED RETURNED CHECK
TRINDSETTE	RZLLC
(Must end with the words "Limited Liability C	ompany, "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:
2605 MAYFAIR ROAD TOLLAHASSEE FL 32303	_same
	•

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

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

TREYZONTINO FULLIERE

Name

21055 MAYFAIR RDAD

Florida street address (P.O. Box NOT acceptable)

TALL FL 32303

City State Zip

Having been named as registered agent and to accept service of process for the above stated in the editability company at the place designated in this contificate, I hereby accept the appointment as registered agent and agree in act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of an duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 505. E.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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## FILING CANCELLED

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager  MGR" = Manager	Name and Address:
	TREYZONTIND FULLIERE 21005 MAYFAIR ROAD TALLAHASSEE, EL 32303
· <del>························</del> ···········	
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
the date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURES	
Signature of a member of This document is executed in act	and authorized representative of a number.  cordance with section 605.0203 (1) (6), Florida Statutes.  attion submitted in a document to the Department of State as provided for in s.817.155, F.S.
TEFY ZON-CI Typed	no fulliers or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)