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(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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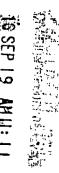
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T. SCOTT



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COVER LETTER

то:	Registration Section Division of Corporations
SUBJI	Trusted Contracting Solutions LLC
30091	Name of Limited Liability Company
The en	osed Articles of Organization and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	Anthony Martines
	Name of Person
	Trusted Contracting Solutions LLC
	Firm/Company
	5818 Wrenwater Drive
	Address
	Lithia FL 33547
	City/State and Zip Code antmar664@gmail.com
	E-mail address: (to be used for future annual report notification)
For fur	ner information concerning this matter, please call:
	Anthony Martines at (813) 408-2814
	Name of Person Area Code Daytime Telephone Number
Enclos	I is a check for the following amount:
□ \$125.	O Filing Fee Status S130.00 Filing Fee Status S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:			
Trusted Contra	acting Solution	ons LLC	
(Must end with the words "Lim	nited Liability C	ompany, "L.L.C.," or "L	LC.")
ARTICLE II - Address: The mailing address and street address of the princip	nal office of the	Limited Liability Compa	iny is:
Principal Office Address:	<u>Mailing</u>	Address:	
5818 Wrenwater Drive Lithia FL 33547		Wrenwater Drive FL 33547	
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its canother business entity with an active Florida registration.)			ate an individual or
The name and the Florida street address of the regist-	ered agent are:		
	D Martines		
		_	
Florida street address (P.O.	nwater Drive Box <u>NOT</u> acce		
Lithia City	FL_	33547 Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby accapacity. I further agree to comply with the provisi of my duties, and I am familiar with and accept the	ccept the appointions of all statute	ntment as registered agent es relating to the proper a my position as registered	t and agree to act in this and complete performance
Anthony	v DMarti	nes	w.v*
Registered Agent's S	ignature (REQU	JIRED)	3
	INUED)		61 d3
Page	1 of 2		

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Anthony D Martinga
WIGH	Anthony D Martines 5818 Wrenwater Drive
	Lithia FL 33547
140B	
MGR	Justin Stevenson
	12705 Chihuahua Court
	Thonotosassa FL 33592
AMBR	Maghan E Gattligh
	Meghan E Gottlieb 5818 Wrenwater Drive
	Lithia FI 33547
AMBR	Elicita 1 1 000 11
	Elizabeth McConnell
	12705 Chihuahua Court
	Thonotosassa FL 33592
ICLE V: Effective date, if other than the	date of fining
late of filing.)	e specific and cannot be more than five business days prior to or 90 c
FICLE V: Effective date, if other than the in effective date is listed, the date must be date of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	Anthony A Martines
REQUIRED SIGNATURE:	Anthony D Martines a member or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a (In accordance with section 605)	a member or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE: Signature of a (In accordance with section 605 constitutes an affirmation under the penalty)	Anthony Martines a member or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document ties of perjury that the facts stated herein are true. mitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a (In accordance with section 605 constitutes an affirmation under the penalt I am aware that any false information subi	Anthony Martines a member or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document ties of perjury that the facts stated herein are true. mitted in a document to the Department of State

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)