

L1600204697

(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



200291535562

11/02/16--01016--011 **125.00

16 NOV -2 PM 6:12

FILED
SEP 1 2016
FBI - MOON

M. MOON
NOV 02 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRINITY TUSCAN CENTER, 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:

PATRICIA O. BUCK
Name of Person

Firm/Company

3600 GALILEO DRIVE, SUITE 104
Address

TRINITY, FLORIDA 34655
City/State and Zip Code

JENAOB1@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

16 NOV -2 PM 6:13

FILED
SEC. OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PATRICIA BUCK at (727) 375-1414 X 103
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee
☐ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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 TUSCAN CENTER, LLC

(Must end with the words "Limited Liability Company, "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:

3600 GALILEO DRIVE
SUITE 104
TRINITY, FL 34655

Mailing Address:

3600 GALILEO DRIVE
SUITE 104
TRINITY, FL 34655

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:

PATRICIA O. BUCK

Name

3600 GALILEO DRIVE, SUITE 104

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

TRINITY FL 34655

City

State

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 as provided for in Chapter 605, F.S.

Pat O Buck

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 NOV - 2 PM 6:13

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

MGR

Name and Address:

JENNIFER ORSI
3600 GALILEO DRIVE, SUITE 104
TRINITY, FL 34655

MICHELLE ORSI
3600 GALILEO DRIVE, SUITE 104
TRINITY, FL 34655

PATRICIA O. BUCK
3600 GALILEO DRIVE, SUITE 104
TRINITY, FL 34655

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: NOVEMBER 11, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Pat O Buck

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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, F.S.

PATRICIA O. BUCK

Typed 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)

16 NOV 2 PM 6:13

FILED
STATE
TALLAHASSEE
CRIDA