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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
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:
Milliam A. WAIKER Name of Person
Firm/Company
1250 Tyler Sanders Rd
Address
Quincy FL 32352 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WilLimm A. Walker at (850) 556-3651  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

vith the words "Limited Liability

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

FILED

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SEURETARY OF STATE TALLAHASSEE, FLORIDA

Mailing Address:

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Tridelphi Office Address.	reaging radii ess.
Duincy IFL 32351	1250 Tyler Sandus KE Princy 12232352
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	are:
William A. Name	Walken
1250 Tully S	iondire Rd
Florida street address (P.O.	Box NOT acceptable)

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..

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:	
"MCR" = Manager	William A. Walker	
MOL	1250 Tille Sanders Re	_
lu o -	Quinuy 1-1-32352	_
MGR_	HARRIS D. WRIKER azy West Clark St	
	GRY West CIACK ST QUINCY, FL 32351	
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(Use attachment if necessary)		
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