

L17000157335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

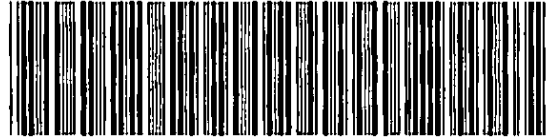
(Business Entity Name)

(Document Number)

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SECURITY OF STATE
TALLAHASSEE FLORIDA

17 JUL 21 AM 11:18

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TRINI TIDES 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:

NEZAMUDEEN ALI
Name of Person

Firm/Company

2390 Ocean Shore Blvd. #304
Address

Ormond Beach FL 32176
City/State and Zip Code

nezali2@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nezamudeen Ali at (718) 710-6434
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:

TRINI TIDES LLC

(Must contain 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:

2390 Ocean Shore Blvd. #304
Ormond Beach
FLORIDA 32176

Mailing Address:

2390 Ocean Shore Blvd.
Ormond Beach
Florida 32176

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:

NEZAMODEEN ALI
Name

2390 Ocean Shore Blvd. #304
Florida street address (P.O. Box **NOT** acceptable)
Ormond Beach FL 32176
City State Zip

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JUL 21 2017

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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.

Nezamodeen Ali

Registered Agent's Signature (REQUIRED)

(CONTINUED)

