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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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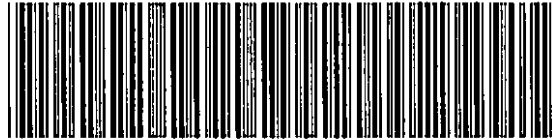
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Trafalgar Pkwy, 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:

Anja C. Hertzner

Name of Person

Firm/Company

619 SE 32nd Street

Address

Cape Coral, FL 33904

City/State and Zip Code

anja.hertzner@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christian Robin, Esq. 813 715 - 0565
Name of Person at 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
OF
TRAFALGAR PKWY, LLC**

ARTICLE I - NAME

The name of the limited liability company is Trafalgar Pkwy, LLC. ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

619 SE 32nd Street
Cape Coral, Florida 33904

Mailing Address:

619 SE 32nd Street
Cape Coral, Florida 33904

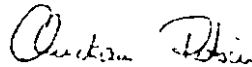
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TALLAHASSEE FLORIDA

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Christian Robin, Esq.
37512 Skyridge Circle
Dade City, Florida 33525

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.



Christian Robin, Esq.

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

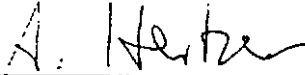
"AMBR" = Authorized Member

AMBR/MGR

Name and Address:

Anja C. Hertzner
619 SE 32nd Street
CapeCoral, FL 33904

REQUIRED SIGNATURE:



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.

Anja C. Hertzner

Typed or printed name of signee

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