Oct 23 2017 12:38 Triad 7702201943

Division of Corporations

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## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : I20160000008 Phone

: (850)777-2091

Fax Number

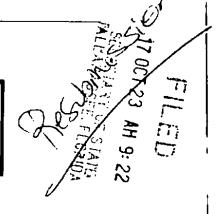
: (770)220-1943

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

# FLORIDA LIMITED LIABILITY CO.

## -AJ-HOLDING COMPANY LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00



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### COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	TRIVOLO HOLDING COMPA	NY LLC	
50550		Limited Liabil	lity Company
The enclo	used Articles of Organization and fee(	s) are submitted	I for filing.
Plcase ret	um all correspondence concerning thi	s matter to the	following:
	Sharon K. Gray		
		Name of	Person
	Triad Professional Services		
		Firm/Co	ompany-
	1720 Windward Concourse, Ste. 39	90	
		Addı	ess
	Alpharetta, GA 30005		
		City/State an	d Zip Code
	E-mail address: (to be u	sed for future a	annual report notification)
For further i	information concerning this matter, pl	ense call:	
	Sharon K. Gray	770	777-2091
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount:		
<b>\$125</b> .00 F	S130.00 Filing Fee & Certificate of Status	Certific	\$150.00 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

Ā	RT	CI	T.	١.	N#	1754

The name of the Limited Liability Company is:

#### TRIVOLO HOLDING COMPANY 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:

Mailing Address:

4733 W Atlantic, Ste. C5a

Delray Beach, FL 33445

4733 W Atlantic, Ste. C5a Delray Beach, FL 33445

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:

Jeremy Clay Shaw

Nam

4733 W Atlantic, Ste. C5a

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

Delray Beach

Florida

33445

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..

\_

emy Clay Shay

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED 17 OCT 23 MM 9: 23 PALLAMASSE FRAME

<u>Title:</u>	Name and Address:
'AMBR" - Authorized Member	
'MGR" = Manager	
AMBR	Jeremy Clay Shaw
	4733 W Atlantic, Ste. C5a
	Delray Beach, FL 33445
<del></del>	<del></del>
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