

Aug. 7, 2018 10:38AM Kane Law No. 0095 1
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Florida Department of State
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To:
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Fax Number : (850)617-6381

From:
Account Name : KANE LAW, P.A.
Account Number : I20180000067
Phone : (352)515-0101
Fax Number : (352)616-0055

18 AUG - 7 AM 9:51
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

Email Address: gail@ckanelawfirm.com

FLORIDA LIMITED LIABILITY CO.
TriLand Plaza LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

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AUG 07 2018

2018 AUG - 7 AM 11:52
COMMERCIAL
CORPORATION SERVICES

ARTICLES OF ORGANIZATION
for
TriLand Plaza LLC

ARTICLE I - NAME

The name of the Limited Liability Company is **TriLand Plaza 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: |
|---|---|
| 9389 Fox Hollow Lane Weeki Wachee, Florida 34613 | 9389 Fox Hollow Lane Weeki Wachee, Florida 34613 |

ARTICLE III - REGISTERED AGENT

The name and the Florida street address of the Registered Agent is **KANE LAW, P.A.**
13218 Spring Hill Drive, Spring Hill, Florida 34609.

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, *Florida Statutes*.

REGISTERED AGENT:
KANE LAW, P.A.

By: Christina Kane Pres.
Christina Kane, President

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ARTICLE IV – MANAGEMENT

The names and addresses of each person authorized to manage and control the Limited Liability Company are as follows:

| Name and Address | Title |
|--|---------|
| Eamon J. Flynn 9389 Fox Hollow Lane Weeki Wachee, FL 34613 | Manager |

In accordance with Section 605.0203(1)(b), *Florida Statutes*, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 817.155, F.S.



Eamon J. Flynn, Manager

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