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ECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: TRS MARKETING SOLUTIONS ILC 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:
TYLER EVAN VAUGHN Name of Person
TRS MARKETING SOLUTIONS LLC Firm/Company
32123 CHIPOLA TRAIL Address
Sorkento, FL 32776 City/State and Zip Code tyler. Vaughn 217 Dgmail. Com E-mail address: (to be used for future annual report notification)
tules. Vaughn 217 Damail Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tyler Vaucho at (407) 717-7734 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate 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, FI. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
TRS MARKETING SOLUTIONS 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:
32123 (HIPOLA TRAIL SORRENTO, FL 32776	P.O. Box 763
SORBENTO, FL 32776	SORRENTO, FL 32776
·	

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:

ARTICLE 1 - Name:

TYLER E	VAN VAUGI	4N
,	Name	
32123 CHIA	OLA TRAIC	
Florida street address	(P.O. Box <u>NOT</u> a	acceptable)
SORRENTO	FL	32776
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. Thereby 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.

Lyler Vaugla
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
M6R	TYLER FVAN VAUGHN 30123 CHIPOLA TRAIL SORRENTO, FL 32776
	SORRENTO, FL 32776
MER	AUSTIN CALIN RALL
	AUSTEN CALIN RALL 25524 COLMAR AVENUE SORRENTO, FL 32776
	SUNNEMIO, PL 3 & 116
(Use attachment if necessary)	
RTICLE V: Effective date if other than the da	te of filing: (OPTIONAL)
f an effective date is listed, the date must be s	specific and cannot be more than five business days prior to or 90 days after
ne date of filing.) Note: If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be listed as
he document's effective date on the Departmer	
RTICLE VI: Other provisions, if any.	
<u> </u>	
REOUIRED SIGNATURE:	
	nember or an authorized representative of a member.
Signature of a r	nember of an authorized representative of a member.
This document is exec	tuted in accordance with section 605.0203 (1) (b), Florida Statutes.
This document is exec I am aware that any fal	nuted in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
This document is exec I am aware that any fal constitutes a third degr	ise information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

RETARY OF STATE