

L180000257964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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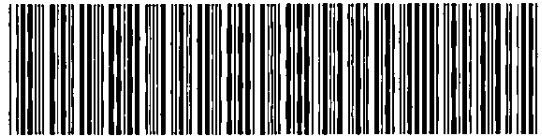
(Business Entity Name)

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T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 473386 7576589

AUTHORIZATION :



COST LIMIT : \$125.00

ORDER DATE : November 6, 2018

ORDER TIME : 3:58 PM

ORDER NO. : 473386-005

CUSTOMER NO: 7576589

DOMESTIC FILING

NAME: TRIRAVEN, LLC.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION

OF

TRIRAVEN, LLC

**ARTICLE I
NAME**

The name of the Limited Liability Company is TRIRAVEN, LLC.

**ARTICLE II
ADDRESS**

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

7643 SE 128th Avenue
Okeechobee, FL 34974

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

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

M. Adam Bankier, Esquire
Bankier, Arlen & Snelling Law Group, PLLC
101 SE 6th Avenue, Suite C
Delray Beach, FL 33483

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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.

By: _____

Registered Agent's Signature

**ARTICLE IV
MANAGEMENT**

The Limited Liability Company is to be managed by one or more Members and is therefore, a Member-Managed company. The following are the names and addresses of the Authorized Members are:

AMBR - Daniel Flinton Johns
7643 SE 128th Avenue
Okeechobee, FL 34974


AMBR - Tia Johns Counts
4850 SW 51st Terrace
Ocala, FL 34474

AMBR - Joseph Roy Johns
1105 Weber Street
Orlando, FL 32803

AMBR - Daniel Franklin Johns
4850 SW 51st Terrace
Ocala, FL 34474

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 section 817.155, Florida Statutes.

Dated this 5th day of November, 2018.



Signature of Authorized Representative

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STATE OF FLORIDA
DEPARTMENT OF STATE