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	(Requestor's Name)			
	(Address)			
(Address)				
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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COVERLETTER

TO:	New Filing Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please i	return all correspondence concerning this matter to the following:
	ININ Gurdne
	Name of Person
	740 hite
	Tellaluss flovida 32304 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furth	per information concerning this matter, please call:
	at ()
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$ 125.0	O Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Same:		
The name of the Limited Liability Company is:		
Trun Gardno UC		
(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:		
740 White Dr Same		
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.)	T MAN SELECTION OF THE	2019 F
The name and the Florida street address of the registered agent are:	哥哥	FEB
740 White Dr Lot 24 Florida street address (P.O. Box NOT acceptable)	ARY OF STATE	3-4 AHII:4
	<i>⊒7</i> 11	

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Trim Garden
PT 1150	740 white ()7 Tellahessee (19 32304
MGR	Jon thon Gadne
	74/14685 CE (1a 32304
m G R	Gerald Gardn
<u> </u>	GRUMICCOUKER DOGO
	1994 32309 Tollahissce F
(Use attachment if necessary)	
If an effective date is listed, the date mu he date of filing.)	the date of filing:
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	
	Ell Sill
This document I am aware that	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155. F.S.
<u> </u>	un Column
	Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

I Irvin Goder will	not reinstate IRvin Gardver LLC
Document number <u>L / 7000 / 1793</u> 6	
And will file a new filing with the same name.	