L19000166A96

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

Office Use Only



500331535575

07/03/19--01006--010 **125.00

19 JUL -9 AH 11: 05

FILED 2013 JUL - 9 AM II: 27

SECRETARY OF STATE VLLAHASSEE, FLORID

COVERLETTER

¥

TO: New Filing Section Division of Corporations	
SUBJECT: Trim Art Name of Limited	Liability Company
The enclosed Articles of Organization and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	o the following:
George !	4. Merritt
17/6 Biscary B	ivd 7a11.FL 32303 Address
City/S	itate and Zip Code
gamerritt 11	uture annual report notification)
For further information concerning this matter, please cal	:
George Merritt at 85 Name of Person Area (D) 728-19/5 Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status} \tag{a}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy dditional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	lC	L	Ŀ	l	•	N	:1	m	c	:

The name of the Limited Liability Company is:

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:

17/6 B: scay Blud,

17/6 B: scay Blud,

17/6 B: scay Blud,

7/1/4 B: scay Blud

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:

George Merritt

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

Stalla hassee F1 32303
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 l 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)

111 JUL -9 AHII: 2

FILED

<u>Title:</u> "AMBR" = Authorized Member	Name and Address;
"MGR" = Manager	100 may 171
Manager	(7/10 Blazare Bluel
	7# /14/14 SSED FT 32303
(Use attachment if necessary)	
APTICLE V. Liffactive date, if other than the	date of filing: July 4 2017 (OPTIONAL)
	e specific and cannot be more than five business days prior to or 90 days after
he date of filing.)	
Note: If the date inserted in this block does not he document's effective date on the Department.	tot meet the applicable statutory filing requirements, this date will not be listed a
	Cit of Auto 3 regords.
ARTICLE VI: Other provisions, if any,	

Signature of a member or an authorized representative of a member. 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 s.817.155, F.S.

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)