Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

Prom:

Account Name : TAX CARE CELEBRATION

Account Number : 120190000007 : (786)845-8854 Phone Fax Number ; (321)473-3052

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

Email	Address:	 	 	 	

FLORIDA LIMITED LIABILITY CO. TROUMASSEE INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

3

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZ	ATION FORE	LORIDA LIM	TIED LIABILITY COMPANY
ARTICLE I - Name:			
The name of the Limited Liability Company	y is:		
TROUMASSEE INVESTMEN	TSILC		
(Must contain the wo	rds "Limited I	iability Comp	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal of	fice of the Lir	nited Liability Company is:
Principal Office A	ddress:		Mailing Address:
1400 NW 107TH AVE STE 43	0		1400 NW 107TH AVE STE 430
SWEETWATER FL 33172	***		SWEETWATER FL 33172
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot see another business entity with an active Flor The name and the Florida street address of	ve as its own ida registration the registered	Registered Agn.) agent are:	
<u>TAX C</u>	ARE CELEBI		
		Name	•
1400 N	<u>W 107TH AV</u>	E STE 430	
Florida	street address	(P.O. Box <u>N</u> I	OT acceptable)
SWEET	WATER	FL	33172
	City	State	Zin

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)

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MGR. MBR JASEN FRANCIS JAMES 1400 NW 107TH AVE STE 430 SWEETWATER FL 33172 MGR. MBR VERY JAMES 1400 NW 107TH AVE STE 430 SWEETWATER FL 33172 (Use attachment if necessary) E. V.: Effective date, if other than the date of filing, 08/12/2019 (OPTIONAL) Extire date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing, of filing) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. E. VI: Other provisions, if any, EMENTS AND ANY AND ALL LAWFUL BUSINESS REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 693.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellow as provided for in s. 317.155, F.S. JASEN F. JAMES Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)	Title: "AMBR" = Authorized	Name and Member	Address:	
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