

L20000022114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

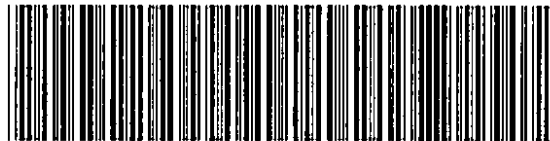
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200338264602

12/31/19--01009--021 **125.00

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MY TRINITY CUSTOM HOMES, LLC
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:

KEVIN J. SUTTON
Name of Person

MY TRINITY CUSTOM HOMES LLC
Firm/Company

15 SWEETING PLACE
Address

PALM COAST, FL 32164
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN J. SUTTON at (386) 233 0839
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2019 DEC 30 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

KEVIN J. SUTTON
10 SUNDING PLACE
PALM COAST, FL 32164

(Use attachment if necessary)

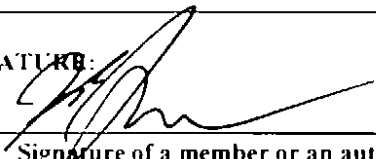
ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the 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 the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

KEVIN J. SUTTON

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)
- \$ 5.00 Certificate of Status (Optional)

FILED
2019 DEC 30 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MY TRINITY CUSTOM HOMES, 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:

15 SLEDDING PLACE
PALM COAST, FL 32164

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.)

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

KEVIN J. SUTTON

Name

15 SLEDDING PLACE

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

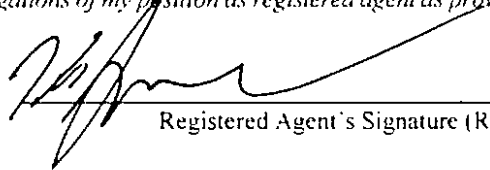
PALM COAST, FL 32164

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, 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)

2019 DEC 30 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L15000203986
FILED 8:00 AM
December 07, 2015
Sec. Of State
tburch

Article I

The name of the Limited Liability Company is:
MY TRINITY CUSTOM HOMES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5 SLEDDING PLACE
PALM COAST, FL. UN 32164

The mailing address of the Limited Liability Company is:
5 SLEDDING PLACE
PALM COAST, FL. UN 32164

Article III

The name and Florida street address of the registered agent is:
KEVIN J SUTTON
5 SLEDDING PLACE
PALM COAST, FL. 32164

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.

Registered Agent Signature: KEVIN J. SUTTON

2019 DEC 30 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
KEVIN J SUTTON
5 SLEDDING PLACE
PALM COAST, FL. 32164 UN

L15000203986
FILED 8:00 AM
December 07, 2015
Sec. Of State
tburch

Article V

The effective date for this Limited Liability Company shall be:

12/08/2015

Signature of member or an authorized representative

Electronic Signature: KEVIN J SUTTON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED
2019 DEC 30 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FL