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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	r)
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COVER LETTER

	K HOLDINGS, LLC.		
SUBJECT:	Name of Lin	nited Liability Company	<u></u>
The enclosed Articles of	of Organization and fee(s) are	e submitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
NICHOLA	S GEORGE		
		Name of Person	
TRIDECK	HOLDINGS, LLC.		
		Firm/Company	
P.O. BOX	14083		
		Address	
TALLAHA	SSEE, FL. 32317		
NICHOLAS	Ci GEORGE1971@GMAIL.CO	ity/State and Zip Code OM	
 	E-mail address: (to be used	for future annual report notifica	tion)
For further information co	oncerning this matter, please	call:	
NICK GEO		321-9129	
Nar		ea Code Daytime Telephor	
Enclosed is a check for	the following amount:		/
₩S125.00 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)
	ng Address	Street Address New Filing Section D	livision

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	RT	TCT	.F. I	I - N	a me

The name of the Limited Liability Company is:

TRIDECK HOLDINGS, 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:

Prin	cinal	Office	Add	ress.

Mailing Address:

3677 LETITIA LN.	P.O. BOX 14083	
TALLAHASSEE, FL. 32312	TALLAHASSEE, FL. 32317	

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:

NICHOLAS GEORG	E	
	Name	
3677 LETITIA LN.		
Florida street address	(P.O. Box NOT ac	rceptable)
TALLAHASSEE	FL	32312
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)

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	
<u>AMBR</u>	COASTLINE CAPITAL VENTURES, LLC.
	P.O. BOX 14083 TALLAHASSEE, FL, 32317
	TALLAMASSEE, PL. 32317
AMBR	CHASE CAPITAL HOLDINGS, LLC.
	980 BIRMINGHAM RD. SUITE 501-397 MILTON, GA. 30004
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
the date of filing.) Note: If the date inserted in this block do the document's effective date on the Dep	est be specific and cannot be more than five business days prior to or 90 days after ones not meet the applicable statutory filing requirements, this date will not be listed a artment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document i I am aware that a	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F,S.
NICHOL	AS GEORGE Typed or printed name of signee
	· speed of printed father of signed

as

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)