L220 0000 9679

(Requestor's Name)
(Address)
(Āddress)
(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



800378636798

11 75/33 -- 01751 -- 001 -- + +150,00

2022 JAH - 3 1 PROL

D. O'KEEFE JAN 10 2022

COVER LETTER

	lew Filing Sec Pivision of Cor				
SUBJECT	Trump Aire				
SUBJECT		Name of Lim	ited Liabilit	ry Company	
The enclos	sed Articles of	Organization and fee(s) are	submitted	for filing.	
Please retu	ım all correspo	ondence concerning this ma	tter to the fo	ollowing:	
	Sierra Robin	son			
			Name of	Person	
	Trump Aire	LLC			
		· · · · · · · · · · · · · · · · · · ·	Firm/Cor	mpany	
	1317 Edgewa	ater Dr, #1713			
			Addre	SS	
	Orlando, FL	32804			
	Support@Tru	Ci mpAireLLC.com	ity/State and	l Zip Code	
	I	E-mail address: (to be used	for future a	unual report notificat	ion)
For further i	information co	ncerning this matter, please	call:		
	Sierra Robins		1	8040938)	
	Nam			Daytime Telephon	
Enclosed i	s a check for the	ne following amount:			
□\$125.00	9 Filing Fec	☐\$130.00 Filing Fee & Certificate of Status	Certific	i.00 Filing Fee & d Copy I copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailin</u>	g Address	:	Street Address	

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

ARTICLE I - Name: The name of the Limited Liability	y Company is:		
Trump Aire LLC			
(Must conta	in the words "Limited Lis	ability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal offi	ice of the Limited	Liability Company is:
Princips	l Office Address:		Mailing Address:
1317 Edgewater Dr #	1713		
Orlando, FL 32804			
The name and the Florida street a	Band	y Millika Vame 7 Edge u	vata Dr
	Octondo	FL	32804
	City	State	Zip
place designated in this certificate, further agree to comply with the pre-	I hereby accept the appoint ovisions of all statutes relations of my position as Register	ntment as register uting to the proper registered agent	e above stated limited liability company at the red agent and agree to act in this capacity. It rand complete performance of my duties, and as provided for in Chapter 605, F.S

ARTICLE IV-

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

AMDK - Au	thorized Member	Name and Address:
"MGR" = Man		
AMBR	_	Sierra Robinson
AMDIC		1317 Edgewater Dr #1713
		Orlando FL 32804
		
(Use attachmen	nt if nacecears)	
(Osc attachmen	n ii necessary;	
ment's effective	e date on the Departme	of meet the applicable statutory filing requirements, this date will no on State's records.
	wicking if any	
E VI: Other pro		
•		
<u> </u>		
<u> </u>	SIGNATURE:	
<u> </u>	SIGNATURE:	
•	SIGNATURE: Signa Relinfo	w
<u> </u>	SIGNATURE: Signa Reductor Signature of a	member or an authorized representative of a member.
· · · · · · · · · · · · · · · · · · ·	SIGNATURE: Signature of a This document is excellam aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State
· · · · · · · · · · · · · · · · · · ·	SIGNATURE: Signature of a This document is excellam aware that any fa	member or an authorized representative of a member.
· · · · · · · · · · · · · · · · · · ·	SIGNATURE: Signature of a This document is excellam aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State
· · · · · · · · · · · · · · · · · · ·	SIGNATURE: Signature of a This document is excellam aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.
· · · · · · · · · · · · · · · · · · ·	Signature: Signature of a This document is exect am aware that any faconstitutes a third degree	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.
· · · · · · · · · · · · · · · · · · ·	Signature: Signature of a This document is exect am aware that any faconstitutes a third degree	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S. Typed or printed name of signee
REOUIREDS	Signature: Signature of a This document is exect am aware that any faconstitutes a third deg	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:
REQUIRED S	Signature: Signature of a This document is exect am aware that any faconstitutes a third deg Sierra Robinso ng Fee for Articles of C	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent
REOUIRED S	Signature: Signature of a This document is exect am aware that any faconstitutes a third deg	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent