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(Red	questor's Name)
(Add	dress)
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(City	y/State/Zip/Phone #)
PICK-UP	
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(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
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04/13/22--01014--022 **125.00





Department of State Division of Corporations Date: 04/13//22

American Expediting (Stealth Courier) 1531 Commonwealth Business Dr. Ste 105 Tallahassee, Fl. 32303 850-294-5632

Stealth Courier Box

Company: Trillium Development Requester: Meridian Partners Order: 138884697

TO: New Filing Section Division of Corporations

SUBJECT: Trillium Development 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:

Andrea Roman

Name of Person

Meridian Partners Law

Firm/Company

4923 West Cypress Street

Address

Tampa, Florida 33607

City/State and Zip Code

azurede@meridianpartnerslaw.com

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

For further information concerning this matter, please call:

Andrea Roman	_{at (} 813	443-5260
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

✓S125.00 Filing Fee
✓S125.00 Filing Fee
✓S130.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fee,
Certificate of Status
Certified Copy
(additional copy is enclosed)
Certified Copy
(additional copy is enclosed)

<u>Mailing Address</u> 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2022

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STEALTH COURIER

SUBJECT: TRILLIUM DEVELOPMENT LLC Ref. Number: W22000050034

2022 APR 15 PH 12: 0 .70 m CEIVE

We have received your document for TRILLIUM DEVELOPMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 522A00008730

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Trillium Land Development 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:		
10705 Lake Alice Cove	10705 Lake Alice Cove		
Odessa, FL 33556	Odessa, FL 33556		

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:

Bryan W. Sykes, Es	q.	
	Name	
4923 W. Cypress S	reet	
Florida street add	ress (P.O. Box <u>NOT</u> a	cceptable)
Tampa	FL	33607
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)

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ARTICLE IV-

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

MGR	Thomas T. Frederick		
	10705 Lake Alice Cove		
	Odessa, FL 33556		
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			APR
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		<u> </u>	<u> </u>
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ARTICLE V: Effective date, if other than the date of filing: <u>04/15/2022</u>. (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. 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 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.

Bryan W. Sykes / Authorized Representative

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)