

L23000152548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

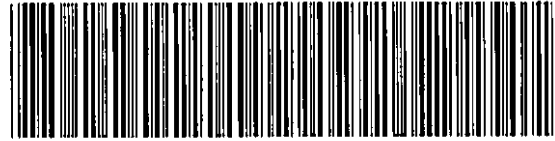
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/04/23--01001--027 **55.00

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SECRET STATE
CLERK

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Trybe Holdings, 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:

Shannon Cornell
Name of Person

Trybe Holdings, LLC
Firm/Company

303 VAN LAKES BLVD
Address

AIRBURNDALE, FL 33823
City/State and Zip Code

OWNERS @ GPS PUL. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Reinhardt at (719) 640-5858
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)

70.00

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

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TRYBE HOLDINGS LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

SHANNON CORNELL

(Contact Person)

TRYBE HOLDINS LLC

(Firm/Company)

303 VAN LAKES BLVD

(Address)

AUBURNDAL, FL 33823

(City, State and Zip Code)

SHANNON@ARRICOREALTY.COM

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

SHANNON CORNELL

at (863)

8994082

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☒ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

Mailing Address:

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

Street Address:

New Filing Section
Division of Corporations
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 Company is:

TRYBE 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:

Principal Office Address:

303 VAN LAKES BLVD
AUBURNDALE FL 33823

Mailing Address:

303 VAN LAKES BLVD
AUBURNDALE FL 33823

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:

SHANNON CORNELL

Name

303 VAN LAKES BLVD

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

AUBURNDLE

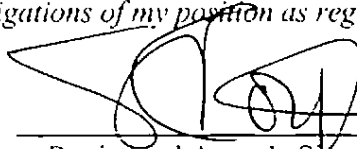
FL 33823

City

Zip

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SECRETARY OF STATE
FLORIDA

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:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

SHANNON CORNELL
303 VAN LAKES BLVD
AUBURNDALE, FL33823

AMBR

MARK JONES
7275 N SHADELAND AVE SUITE 2
INDIANAPOLIS, IN 42650

AMBR

JEREMYBRENNEMAN
20944 W 108TH TERRACE
OLATHE, KANSAS 66061

AMBR


DAVID PESCHIO
5801 DORTON LN
GLEN ALLEN VA 23060

(Use attachment if necessary)

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE V: 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.

SHANNON CORNELL

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

JOSEPH ATHA

15725 STONEY CREEK WAY SUIT A

NOBLESVILLE, IN 46060

AMBR

NICOLE REINHARDT

965 PICO POINT

COLORADO SPRINGS CO 80905

AMBR

AMBR

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SECRETARY OF STATE
TALLAHASSEE, FL

(Use attachment if necessary)

ARTICLE V: 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.

SHANNON CORNELL

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)