

6/6/23, 12:54 PM

Division of Corporations

623000315826

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000204300 3)))



H230002043003ASCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : 120000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
TRIT HOMES LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
2023 JUL -5 PM 2:16
CORPORATIONS
COMMERCIAL
SERVICES

2023 JUL -5 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

To

Page: 3 of 5

2023-07-05 16:39:38 GMT

13053294774

From: Yanet Avila

850-817-6381

6/7/2023 11:21:41 AM PAGE 1/001 Fax Server



June 7, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations
EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: TRIT HOMES LLC
REF: W23000080094

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Dil Sultana
Regulatory Specialist II

FAX Aud. #: H23000204300
Letter Number: 123A00012904

FILED

2023 JUL -5 PM 4: 19

SECRETARY OF STATE
TALLAHASSEE, FL

DocuSign Envelope ID: D8F1B5DC-A04C-42E2-A831-C870FA494E38

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TRIT 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:1801 NE 123RD ST,
SUITE 314
NORTH MIAMI, FL, 33181**Mailing Address:**1801 NE 123RD ST,
SUITE 314
NORTH MIAMI, FL, 33181**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:

ELEONORA SEBOS

Name

1801 NE 123RD ST, SUITE 314Florida street address (P.O. Box **NOT** acceptable)NORTH MIAMI FL 33181

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.

Eleonora Sebos

CFF32CB8C9A84CB

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2023 JUL -5 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FL

DocuSign Envelope ID: 2159403B-6115-4B92-960F-AB021857076F

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

ELEONORA SEBOS
 1801 NE 123RD ST, SUITE 314
 NORTH MIAMI, FL, 33181

MGR

NATALIE VILENKIN
 1801 NE 123RD ST, SUITE 314
 NORTH MIAMI, FL, 33181

(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:

Designed by:

Eleonora Sebos

CFF32C6C9AB4DB

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.

ELEONORA SEBOS

Typed or printed name of signer

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
 2023 JUL -5 PM 4:19
 SECRETARY OF STATE
 TALLAHASSEE, FL