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		Foreign Corp. File
		L.C. File
		Fictitious Name File
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COVER LETTER

TO: New Filing So Division of Co				
TNN GRO	OUPLIC			
SUBJECT.	Name of Li	mited Liabil	ty Company	
The enclosed Articles of	of Organization and fec(s) a	re submitted	for filing.	
Please return all corres	pondence concerning this m	natter to the f	ollowing:	
TRI LY				
	<u></u>	Name of	Person	
TNN GRO	UPILC			
		Firm/Co	пралу	
6036 HOP	KINS DR N			
 		Addre	255	
BRADENT	ION, FL 34207			
SANGOLIR	EALTOR@GMAIL.COM	City/State and	l Zip Code	
3/11(0)-11(E-mail address: (to be used	d for future a	nnual report notificati	on)
For further information o	concerning this matter, pleas	se call:	·	
TRI LY	9	41	841-6868)	
Na			Daytime Telephone	
	the following amounts			
Enclosed is a check for	_	□e1s	.00 E.R. E	
■\$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certific	d Copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ing 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. Monroc Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	J.C		<u> </u>
(Musi	contain the words "Limited Liabi	lity Company, "L,L.C.,"	or "LLC.")
TICLE II - Address:			
mailing address and str	reet address of the principal office	of the Limited Liability (Company is:
<u>Pr</u>	incipal Office Address:		Mailing Address:
5203 Cortez Rd	W, Ste #7 and #8,	6036 Hopkins	Dr N
Limited Liability Con ner business entity with	d Agent, Registered Office, & R mpany cannot serve as its own Reg th an active Florida registration.) street address of the registered age	stered Agent. You must	ture:
TICLE III - Registere c Limited Liability Con ther business entity with	ad Agent, Registered Office, & Repany cannot serve as its own Regula an active Florida registration.) Street address of the registered age	egistered Agent's Signa stered Agent. You must o	ture:
TICLE III - Registere c Limited Liability Con ther business entity with	d Agent, Registered Office, & R apany cannot serve as its own Regula an active Florida registration.)	egistered Agent's Signa stered Agent. You must o	ture:
TICLE III - Registere c Limited Liability Con ther business entity with	d Agent, Registered Office, & R apany cannot serve as its own Reg th an active Florida registration.) street address of the registered age Sang T Nguyen P.A. Na 744 Rosemary Cir	egistered Agent's Signa stered Agent. You must on that are:	ture: designate an individual or
TICLE III - Registere c Limited Liability Con ther business entity with	ad Agent, Registered Office, & Repany cannot serve as its own Regular an active Florida registration.) street address of the registered age Sang T Nguyen P.A. Na	egistered Agent's Signa stered Agent. You must on that are:	ture: designate an individual or
TICLE III - Registere c Limited Liability Con ther business entity with	d Agent, Registered Office, & R apany cannot serve as its own Reg th an active Florida registration.) street address of the registered age Sang T Nguyen P.A. Na 744 Rosemary Cir	egistered Agent's Signa stered Agent. You must out are: The stere of	ture: designate an individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

5823

2 PK 1:

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authoriz	zed Member
"MGR" = Manager	
AMBR	TRI VINILY
	6036 HOPKINS DR N BRADENTON, FL 34207
	<u> </u>
AMBR	NGOC MY NGUYEN
	4427 SHARK DR
	BRADENTON, FT, 34208
AMBR	NHON DAT HA
	6409 80TH AVE
	PINELLAS PARK, FL 33781
(If an effective date is listed, the date of filing.) Note: If the date inserted in the document's effective date	if other than the date of filing:
ARTICLE VI: Other provisio TRI VINH LY 40% OWNER	
NGOC MY NGUYEN 30% (
NHON DAT HA 30% OWN	
REQUIRED SIGN	ATURE:
	Signature of a member or an authorized representative of a member.
I am	s document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I aware that any false information submitted in a document to the Department of State stitutes a third degree felony as provided for in s.817.155, F.S.
	TRI VINH LY
	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)