

Division of Corporations

L2300038852

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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

From: Account Name : LONG LAW, P.A.
 Account Number : 120290000163
 Phone : (239)400-2060
 Fax Number : (239)268-6101

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TALLAHASSEE, FL

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

Email Address: _____

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SULLIVAN

FLORIDA LIMITED LIABILITY CO.

~~FBSB LLC~~ TRJSVH LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TRJSVH 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

KEITH LONG
Name of Person

LONG LAW, P.A.
Firm/Company

1306 SE 46TH LN., SUITE 1
Address

CAPE CORAL, FL 33904
City/State and Zip Code

KEITH@LONGLAWFL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

KEITH LONG at (239) 400-2060
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)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

TRJSVH 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:

2590 14TH STREET NORTH
NAPLES, FL 34103

SAME

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

LONG LAW, P.A.

Name

1306 SE 46TH LN, SUITE 1

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

CAPE CORAL

FL

33904

City

State

Zip

2023 AUG 17 PM 4:20
REGISTERED
TALLAHASSEE FL

FILED

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.

KEITH LONG

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:

Name and Address:

"AMBR" - Authorized Member:

"MGR" - Manager

MGR

TODD BROOKS

2590 14TH STREET NORTH
NAPLES, FL 34103

MGR

SANDRA BROOKS

2590 14TH STREET NORTH
NAPLES, FL 34103

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SECRETARY OF STATE
OFFICE OF REGISTERED BUSINESS

FILED

(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:

KEITH LONG

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.

KEITH LONG, ATTORNEY-IN-FACT

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)