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11/09/2023

NAME: OLD 54 TRINITY LLC

TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	w ruing Sec vision of Co				
SUBJECT:	Old 54 Tri	nity LLC			
30000001		Name of L	imited Liabili	ty Company	
The enclose	ed Articles of	Organization and fee(s):	are submitted	for filing.	
Please retur	n all correspo	ondence concerning this i	natter to the f	ollowing:	
	Michael Tol	ba			
			Name of	Person	
	Old 54 Trini	ty LLC			
			Firm/Co	npany	
	1300 East R	iverside Dr. #A207			
			Addr	288	
	Austin, TX	78741			
г	nichael.tolba	@gmail.com	City/State and	l Zip Code	
-	ŀ	E-mail address: (to be use	ed for future a	nnual report notificat	ion)
For further in	formation co	ncerning this matter, plea	ise call:		
	Kyle A. Delg		516	300-3055	
-	Nam		Area Code	Daytime Telephon	ne Number
Enclosed is	a check for the	he following amount:			
■ \$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certific	5.00 Filing Fee & ed Copy ed Copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailin	g 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. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Old 54 Trinity LLC	
(Must contain the words "Limited Liabi	ity Company, "L.L.C.," or "LLC.")
TICLE II Address	
TICLE II - Address: mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
mailing address and street address of the principal office	, , .

The name and the Florida street address of the registered agent are:

	Name	
3121 Gulf Blvd.		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
Belleair Beach	FL	33786

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..



(CONTINUED)

ā

ARTICLE IV-

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

Title: "AMBR" = Authorized Mem "MGR" = Manager	Name and Address: per	
AMBR	Michael Tolba 1300 East Riverside Dr. #A207 Austin, TX 78741	· ·
		•
effective date is listed, the date e of filing.)	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90	
CLE V: Effective date, if other the effective date is listed, the date is of filing.) If the date inserted in this block cument's effective date on the ECLE VI: Other provisions, if any	nust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not epartment of State's records.	•
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