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## **COVER LETTER**

TO: New Filing Sec Division of Co			
SUBJECT: Trend H		nited Liability Company	<del></del>
The enclosed Articles of	Organization and fee(s) are	e submitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
Kevin Du	ke		
		Name of Person	
		Firm/Company	
5882 Pai	kwalk Circle West		
		Address	
Boynton	Beach / Florida 3347	2	
trendhom	C eservices@gmail.cor	ity/State and Zip Code	
	<del></del>	for future annual report notificati	on)
For further information co	oncerning this matter, please	call:	
Kevin Du	ke at (	561 , 704-5815	
Nan	ne of Person Ai	rea Code Daytime Telephon	e 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)
	ng Address Filing Section	Street Address New Filing Section Di	vision

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

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 Lia	phility Company is:			
The name of the Limited Lik	ionity Company is.			
Trend Home	Services LLC.			
(Must	contain the words "Limited L	iability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	eet address of the principal of	fice of the L	mited Liability Company is:	
Principal Office Address:			Mailing Address:	
5882 Parkwalk Circle West			5882 Parkwalk Circle West	
Boynton Beach	n, FL 33472		Boynton Beach, FL 33472	
The name and the Florida st	Kevin Duke  5882 Parkwalk Circl Florida street address	Name le <b>Wes</b> t	OT acceptable)	
	Boynton Beach	F <b>L</b>	33472	
	City	State	Zip	
place designated in this certifi further agree to comply with ti	cate. I hereby accept the appo he provisions of all statutes rel ne obligations of my position a	intment as relating to the ps registered on the ps	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S  Signature (REQUIRED)	

(CONTINUED)

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Au	uthorized Member	Name and Address:	
"MGR" = Mar	ıager		
AMBR	•	Kevin Duke	
		5882 Parkwalk Circle West	
		Boynton Beach, FL 33472	
<del></del>			
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			<del></del>
(Use attachme	nt if necessary)		
CLEV. Effective	data if ather then the date o	of filing: (OPTION	LATA
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te of filing.)	sted, the date must be spee	and cannot be more than nive business days price	71 (0 01 70 days a
If the date insert		eet the applicable statutory filing requirements, this da	ite will not be liste
cument's effectiv	e date on the Department of	f State's records.	
CLE VI: Other pro	ovisions, if any.		
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REOUIRED S	SIGNATURE:	Ο .	
	Kun	2) de	
	Signature of a men	nber or an authorized representative of a member.	
	This document is execute	d in accordance with section 605.0203 (1) (b), Florida	Statutes.
		information submitted in a document to the Departmer felony as provided for in s.817.155, F.S.	nt of State
	Kevin Duke		
	1 ( O T 11 1 D Q 1) ( Q		
		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)