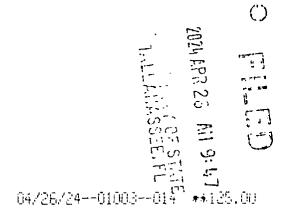
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(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
Special management to 1 ming officer.	

Office Use Only



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CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK U	P:	BROOK 4/26		
	CERTIFIED COPY				
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ECIAL I	NSTRUCTIONS:				
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COVER LETTER

	iew ruing Sect Division of Cor					
OUR IECT		ninistration LLC				
SUBJECT	l:	Name of Lin	nited Liability (Company		
The enclos	sed Articles of	Organization and fee(s) are	e submitted for	filing.		
Please ren	urn all correspo	ndence concerning this ma	itter to the follo	owing:		
	Roman Shpig	gel				
			Name of Per	rson		
	Registered A	gent Solutions, Inc.				
			Firm/Compa	any		
	2894 Remington Green Lane-Ste A					
			Address	<u></u>		
	Tallahassee,	FL 32308	_			
	romanemoire	C 029@yahoo.com	City/State and Z	ip Code		
		E-mail address: (to be used	for future anni	ual report notification	on)	
For further	information co	ncerning this matter, pleas	e call:			
		at ()_		<u> </u>	1.1 1:707
	Nam	e of Person A	rea Code	Daytime Telephone	Number	57
Enclosed	is a check for t	he following amount:			1 (1) Pri	7.1
□ \$ 125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified	0 Filing Fee & Copy copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclo	1:17
	New F Division P.O. B	ng Address Tiling Section on of Corporations Box 6327 assee, FL 32314	Ne Th 24	reet Address ew Filing Section Di the Centre of Tallaha 15 N. Monroe Stree Illahassee, FL 3230	ssee et, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:				
TRSV Administratio					
(Must cont	ain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	ffice of the Limited	Liability Company is:		
<u>Princip</u>	al Office Address:		Mailing Addres	<u>ıs</u> :	
16901Collins Avenu	e-Unit 2001	1690	16901Collins Avenue-Unit 2001 Sunny Isles, FL 33160		
Sunny Isles, FL 3316					
					
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registratio	Registered Agent. 7	rrs Signature: You must designate an indiv	vidual or	
	Registered Agent So				
		Name			
	2894 Remington Gre	en Lane-Ste. A			
	Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)		
	Tallahassee	FL	32308		
	City	State	Zip		
Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the approvisions of all statutes religations of my position Br	ointment as registere elating to the proper as registered agent a	ed agent and agree to act in and complete performance as provided for in Chapter 6 Secretary of Registered	this capacity. I of my duties, and I	

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	Roman Showel	,F.200/	
 	Sunny Isles, FL 23160		
(Use attachment if necessary)			
f an effective date is listed, the date must the date of filing.) Note: If the date inserted in this block does	date of filing: e specific and cannot be more than five business da not meet the applicable statutory filing requirements,	ys prior to or 90 days afte	
he document's effective date on the Departs RTICLE VI: Other provisions, if any.	nent of State's records.		(
		1 SI 25 10	E
REQUIRED SIGNATURE:			10 (3)
This document is e I am aware that any	a member or an authorized representative of a me xecuted in accordance with section 605.0203 (1) (b), l false information submitted in a document to the Deperer felony as provided for in s.817.155, F.S.	Florida Statutes.	
$\frac{\mathcal{R}_{\circ}}{}$	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)