

7/24/24, 11:25 AM

H2400033087

Division of Corporations

Division of Corporations
Electronic Filing Cover Sheet

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((H24000250439 3)))



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

From: Account Name : HARROD PROPERTIES INC.
Account Number : I2020000020
Phone : (813)229-1500
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CORPORATIONS
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**FLORIDA LIMITED LIABILITY CO.
Troncoso Group of North Carolina LLC**

Certificate of Status	0
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T-3-H
7/30/24

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Corporate Filing Menu

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Facsimile Audit Number: **H24000250439 3**

7/24/2024

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

Troncoso Group of North Carolina LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - ADDRESS

PRINCIPAL OFFICE ADDRESS:

Troncoso Group of North Carolina LLC
305 Eastleigh Dr
Belleair, FL 33756

MAILING ADDRESS:

Troncoso Group of North Carolina LLC
305 Eastleigh Dr
Belleair, FL 33756


ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

(THE LIMITED LIABILITY COMPANY CANNOT SERVE AS ITS OWN REGISTERED AGENT.)

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT ARE:

John Troncoso
305 Eastleigh Dr
Belleair, FL 33756

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..


REGISTERED AGENT'S SIGNATURE (REQUIRED)

(CONTINUED)

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OF FLORIDA

ARTICLE IV - NAME AND ADDRESS OF THOSE AUTHORIZED TO MANAGE AND CONTROL THE LLC.

TITLE:

"MGR"=MANAGER

"AR" = AUTHORIZED REPRESENTATIVE

NAME AND ADDRESS:

MGR

John Troncoso
305 Eastleigh Dr
Belleair, FL 33756

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STATE OF FLORIDA

ARTICLE V - EFFECTIVE DATE, IF OTHER THAN THE DATE OF THIS FILING: _____

(OPTIONAL)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 91) (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.

John Troncoso

TYPE OR PRINTED NAME OF SIGNEE

Facsimile Audit Number: H24000250439 3