

Florida Department of State

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

From:  
Account Name : COURTACCESS CENTERS, LLC  
Account Number : 075350000541  
Phone : (813)875-1333  
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Email Address: Ferguson.trace@gmail.com

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FLORIDA LIMITED LIABILITY CO.  
Trace of Hearts LLC

Certificate of Status	1
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Corporate Filing Menu

Help

Audit # H24000277895  
**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name and Address**

The name of this Limited Liability Company is:

**Trace of Hearts LLC**

The mailing address and street address of the Limited Liability Company are:

**3608 Arlington Oaks Court  
Tampa, FL 33618**

**ARTICLE II**

**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

**ARTICLE III**

**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV**

**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

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This form was prepared with the assistance of CourtAccess Centers LLC, a non-lawyer located at 13046 Race Track Road, Suite 131, Tampa, FL 33626, 813-875-1333.

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**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

**3608 Arlington Oaks Court  
Tampa, FL 33618**

and the name of its registered agent at such address is:

**Trace Ferguson**

**ARTICLE VI**  
**Management**

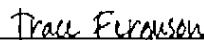
The name and address of each person authorized to manage and control the Limited Liability Company:

**Name and Address**

**Trace Ferguson, Authorized Member  
3608 Arlington Oaks Court  
Tampa, FL 33618**

Dated: Monday, August 19, 2024

DocuSigned by:



Trace Ferguson, Authorized 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.

Audit # H24000277895

ACCEPTANCE BY REGISTERED AGENT

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..

Date: August 19, 2024

DocuSigned by:  
Trace Ferguson  
Trace Ferguson DA18C608E47E...