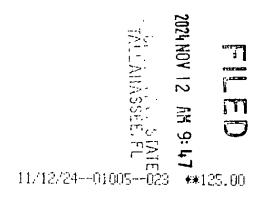
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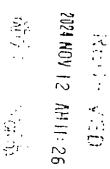
	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



900439210729





CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 Fast 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

•	CERTIFIED COPY	·	2024 NOV
X:	Д РНОТОСОРУ		
y -	CUS		285.
XX	FILING	LLC	SE SINE 57
-(TRIKE DEVELOPN CORPORATE NAME AND	MENT, LLC DOCUMENT#)	m -
	CORPORATE NAME AND	DOCUMENT #)	
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COVER LETTER

TO:	New Filing Section Division of Corporations					
0.11P.1P	TRIKE DEVELOPMENT, LLC					
SUBJE		imited Liab	pility Company			
The enc	closed Articles of Organization and fee(s)	are submitt	ed for filing.			
Please r	return all correspondence concerning this	matter to th	e following:			
	Jon McGraw		-		TAKE	A ON 15707
		Name	of Person			
	McGraw Rauba Mutarelli PA				ASSE	2 A
		Firm/0	Company		11 (V)	A的 9:47
	35 SE 1st Avenue, Suite 102					47
		Ad	dress			
	Ocala, Florida 34471					
		City/State	and Zip Code			
	jon@lawmrm.com E-mail address: (to be use					
			e amuai report notineat	ion)		
For furthe	er information concerning this matter, plea	ise call:				
	Jon McGraw at (352	789-6520)			
	Name of Person	Area Code	Daytime Telephor	ne Number		
Enclose	d is a check for the following amount:					
■\$ 125	.00 Filing Fee ☐\$130.00 Filing Fee Certificate of Status	Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	S160.00 I Certificate of Certified Co (additional co	of Status & opy	ed)
	Mailing Address		Street Address			
	New Filing Section Division of Corporations		New Filing Section D The Centre of Tallah			
	P.O. Box 6327		2415 N. Monroe Stre	et, Suite 810		
	Tallahassee, FL 32314		Tallahassee, FL 3230	13		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TRIKE DEVELOP				
(Must co	ntain the words "Limited	Liability Company	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Limited	4 Liability Company is:	
Princ	ipal Office Address:		Mailing Address:	21
9925 SE 58th Aver	nuc	992	5 SE 58th Avenue	724
Belleview, Florida	34420	Bel	eview, Florida 34420	· 8
The name and the Florida street	n active Florida registrati et address of the registere	on.)	You must designate an individual or דין דין דין	0V 12 AM 9:47
•	JON MCGRAW 35 SE 1ST AVENU	on.) d agent are: Name E, SUITE 102		2024 NOV 12 AM 9:47
•	JON MCGRAW 35 SE 1ST AVENU Florida street addre	on.) d agent are: Name E. SUITE 102 ss (P.O. Box NOT a	acceptable)	14 9:47
•	JON MCGRAW 35 SE 1ST AVENU	on.) d agent are: Name E, SUITE 102		14 9:47 STATE

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	JAMES I. RAINEY	
	9925 SE 58TH AVENUE	
	BELLEVIEW, FLORIDA 34420	2024 NOV 12
		74
MGR	TROY E. HAWKINS	
	9925 SE 58TH AVENUE	.₽-:
	BELLEVIEW, FLORIDA 34420	<u> </u>
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(Use attachment if necessary)		
TEV. Effective data if other than the de	te of filing:	(OBTIONAL)
	pecific and cannot be more than five business	
e of filing.)	specific and cannot be more than five business	days prior to or 90 days a
	t meet the applicable statutory filing requiremen	ts, this date will not be list
cument's effective date on the Departmen		es, this date will not be list
editent s effective date of the Departmen	n of chair s records.	
CLE VI: Other provisions, if any.		
•		

REOUIRED SIGNATURE:

Signature of member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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)