Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

fixer the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

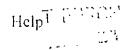
Email	Address:	 	 	

FLORIDA LIMITED LIABILITY CO.

Trident Management LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$125.00	

Electronic Filing Menu Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Page 2 of 3

ARTICLE I - Name:			
The name of the Limited Liab	oility Company is:		
Trident Managem			
(Must c	ontain the words "Limited Liah	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
he mailing address and stree	et address of the principal office	e of the Limited Liability Company is:	
<u>Prin</u>	cipal Office Address:	Mailing Address:	
400 Beach Dr NE, Unit 1504		400 Beach Dr NE, Unit 1504	
St. Petersburg, FL 33701		St. Petersburg, FL 33701	
The Limited Liability Companion of the business entity with a		Registered Agent's Signature: gistered Agent. You must designate an individual or ent are:	
	Ni	ашс	
	400 Beach Dr NE, Unit	1504	
	Florida street address (P	O. D. v. NOT acceptable)	
	r fortda street address (r	.O. Dox <u>AOT</u> acceptable)	

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. Thereby 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.,

State

City

/s/Eric Jensen Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Fric Jensen AMBR 400 Beach Dr NE, Unit 1504 Saint Petersburg, FL 33701 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: /s/Eric Jensen Signature of a 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 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.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Eric Jensen