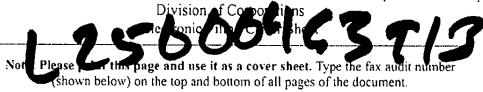
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Division of Corporations

Florida Department of State

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PS KIS LLC

Account Number : I20240000110 Phone : (407)707-4914

Fax Number : (407)337-8957

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

Email Address: contact@kisconsult.com

FLORIDA LIMITED LIABILITY CO. PRIMESTONE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

[H25000362806 3]

[H25000362806 3]

COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJE	TRIVEST PRIVATE I	JLC		
30000		ne of Limited Liabi	lity Company	
The enc	losed Articles of Organization and	fee(s) are submitte	d for filing.	
Please r	eturn all correspondence concernin	g this matter to the	following:	
	Marcus Paulo L Segnini			
		Name o	f Person	
	PS KIS LLC			
		Firm/C	ompany	
	6526 Old Brick Road, suite 12	0-238		
		Add	ress	
	Windennere			
	contact@kisconsult.com	City/State a	nd Zip Code	
		be used for future	annual report notificat	ion)
For furthe	er information concerning this matte	er, please call:		
	Marcus Paulo L Segnini	407 at (7486462	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclose	d is a check for the following amou	int:		
	.00 Filing Fee \$130.00 Filin Certificate of S	ig Fee & □\$15 tatus Certif	i5.00 Filing Fee & ied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et. Suite 810

[H25000362806 3]

ARTICLES OF	ORGANIZATION FOR	RFLORIDALIMIT	ED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability	Company is:		
TRIVEST PRIVAT	ELLC		
(Must conta	in the words "Limited	Liability Compar	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Limit	ted Liability Company is:
Princips	Office Address:		Mailing Address:
5401 S KIRKMAN R ORLANDO FL 3281			101 S KIRKMAN RD STE 560 RLANDO FL 32819
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an as The name and the Florida street as	annot serve as its own tive Florida registration	n Registered Ager on)	gent's Signature: nt. You must designate an individual or
	PS KIS LLC		
		Name	
	6526 Old Brick Roa		
	Florida street addres	ss (P.O. Box <u>NO</u> T	[acceptable)
	Windermere	FL_	34786
	City	State	Zip
Havino houn named as registered as	ount and to accept see	des of proposes for	the above stated limited lightlifts common at

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..

Marcas Paulo Leta Saguni, Registered Agent's Signature (REQUIRED)

(CONTINUED)

[H25000362806 3]

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
AMBR	Trevion LLC
	16192 Coastal Hwy
	Lewes, DE 19958
	
·	***************************************
V: Effective date, if other than the	date of filing:
ctive date is listed, the date must he filing.) the date inserted in this block does the date inserted in this block does the date on the Department's effective date on the Department.	se specific and cannot be more than five business days prior to or 90 mot meet the applicable statutory filing requirements, this date will not
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