

Robert Bell
(Requestor's Name)
4532 S.W. 5th Ave.
(Address)
Cape Coral, FL 33914
(City, State, Zip) (Phone #)

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OFFICE USE ONLY

L950000000333

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SAB
5/1/95

55 APR 24 PM 2:04

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

FILED
55 APR 24 PM 2:04
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

TriMark of the Tropics L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

4532 S.W. 5TH Avenue
Cape Coral, Florida 33914

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

Robert J. Bell
4532 S.W. 5TH Avenue
Cape Coral, FL 33914

Catherine Bell
4532 S.W. 5TH Avenue
Cape Coral, FL 33914

ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Each member of the limited liability company (TriMark of the Tropics L.C.) will have the right to continue the business on the death, retirement, resignation, expulsion or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____
TriMark of the Tropics L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ 0.00 . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 1,000.00 . This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.
(In accordance with section 607.408(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____
TriMark of the Tropics L.C. _____

2. The name and address of the registered agent and office is:

Robert J. Bell
(Name)

4532 S.W. 5TH Avenue
(P.O. Box not acceptable)

Cape Coral, FL 33914
(City/State/Zip)

FILED
55 APR 24 PM 2:05
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

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.

Robert J. Bell
(Signature)

4/20/95
(Date)

FILING FEE: \$ 35 for Designation of Registered Agent

2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or After August 21, 1998. If Dissolved, Minimum Amount Due To Reinstato: \$738.75

APPROVED
AND
FILED

06 SEP 17 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE \$263.75 Annual Report \$100.00 + \$138.75 Corporate Supplemental Fee + \$25.00 LATE FEE
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L95000000333
TRIMARK OF THE TROPICS L.C.
4532 S.W. 5TH AVE.
CAPE CORAL FL 33914

1a. Principal Place of Business Address
4532 S.W. 5TH AVE.
CAPE CORAL FL 33914

If above mailing address is incorrect in any way, line through incorrect information and enter correction in block 2a

2. Principal Place of Business
2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified 04/24/1995
3a. State of Formation FL
4. FET Number NO EMPLOYEES
5. Date of Last Report
6. Certificate of Status Desired
☒ Additional Fee Required

7. Name and Address of Current Registered Agent
BELL, ROBERT J
4532 S.W. 5TH AVE.
CAPE CORAL FL 33914

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City Zip Code
FL

9. Pursuant to the provisions of Sections 608.410 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(For signed Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BELL, ROBERT J	4532 S.W. 5TH AVE.	CAPE CORAL FL
MGRM	BELL, CATHERINE	4532 S.W. 5TH AVE.	CAPE CORAL FL

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11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Robert J Bell 9/14/96 941 549 0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Telephone #