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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 MAY 26 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/26/11

## TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

J.L.G

**SUBJECT:** THE ~~PR~~ PYRAMID HEARTLAND INVESTMENT TRUST

Enclosed is an original and one (1) copy of the Declaration of Trust and a check for:

**FEES:**

| | |
|---|---|
| **Declaration of Trust** | **$350.00** |

**OPTIONAL:**

| | |
|---|---|
| **Certified Copy** | **$ 8.75** |

FILED
11 MAY 26 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FROM:** Julian L Graham
**Name (Printed or typed)**

769 Eagle View Dr
**Address**

Tallahassee, FL 32311
**City, State & Zip**

850-320-2786
**Daytime Telephone number**

**AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE**
**TO FILE OR QUALIFY**

THE PYRAMID HEARTLAND INVESTMENT TRUST

A FLORIDA **TRUST**

In accordance with Section 609.02 of the Florida Statutes, pertaining to Common Law Declarations of Trust, the undersigned, the Chairman of the Board of Trustees of THE PYRAMID HEARTLAND INVESTMENT TRUST a
(Name of Trust)
FLORIDA Trust hereby affirms in order to file or qualify
(State)
THE PYRAMID HEARTLAND INVESTMENT TRUST, in the State of Florida.
(Name of Trust)

1. Two or more persons are named in the Trust.

2. The principal address is 769 EAGLE View Drive Tallahassee, FL 32311.

3. The registered agent and street address in the State of Florida is: Julian L Graham 769 EAGLE View Drive, Tallahassee, Florida 32311.

4. Acceptance by the registered agent: Having been named as registered agent to accept service of process for the above named Declaration of Trust at the place designated in this affidavit, I hereby accept the appointment as registered agent and agree to act in this capacity.

(Signature of Registered Agent)

5. I certify that the attached is a true and correct copy of the Declaration of Trust under which the association proposes to conduct its business in Florida.

Name:
Chairman of the Board of Trustees

NOTARY

**Filing Fee: $350.00**
**Certified Copy: $ 8.75 (optional)**

FILED
11 MAY 26 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E063(3/00)

05-26-2011 Date:

# THE PYRAMID HEARTLAND Investment TRUST

NAME of TRUST

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

Trustee names: Julian L Graham
Settlor: Julian L Graham
Revocable: while Julian L Graham is living.
Irrevocable: when Julian L Graham is Dead or not living.
Beneficiary Names: Jyra T. Graham, Julian I Graham
Allanna J. Graham

Interest of beneficiaries: All the Names that are the beneficiaries of the above said Trust together has the General power of appointment on the Date of May 26, 2029. If the trustee Julian L Graham Dies before this date the beneficiares will take the place as the trustee.

Guardian of the person: Yolanda A Roberts is guardian of Julian I Graham and Allanna J Graham until the age of twenty one years of age. Jannee Glover is the guardian of Jyra T. Graham until the age of twenty one. If the young adults on May 26, 2029 can work together they as one unit can take full General power. If not as one Unit they will continue to have a guardian until age twenty one.

Jurisdiction: State of Flordia Non Judicial

Spendthrift: No Guardian can transfer more than two thousand dollars per month per child.