Requester's Name Financial Security Address 4909 Spruch Hill City/State/Zip Phone # Carton, OH 4471	Scenter Dr. NW, Ste 8 4/26	OCO 760 400 Office Use Only
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if	known):
1. Hil		
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	8000053603983 -04/26/0201061027 ****160.00 ****160.00
(Corporation Name)	(Document #)	
4(Corporation Name) Walk in Pick up time	(Document #)	Certified Copy
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment	A., Officer/DirectorsEE FLORIDA drawal UALIFICATION
		Examiner's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I	- ľ	Va.	me
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The name of the Limited Liability Company is:

TRIDENT REALTY INVESTMENTS, LTD. CO.

ARTICLE II - Address:

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

WORTH CENTRAL AVE; TAMPA FL 13336

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

13336 N. CENTRAL AVE
Florida street address (P.O. Box NOT acceptable) TAMPA FI.
City, State, and Zip

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 608, F.S.

Règistored Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSEPH F.

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)