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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
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TRANSMITTAL LETTER

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	TRANS	SMITTA	L LETTER		TOWN THE SEE TOWN	
	egistration Section ivision of Corporations				The state of the s	
D	ivision of corporations				75.Co. 14	
SUBJECT	TRIL	OGY CAPIT	AL, L.L.C.		Chico di	
	(Name of	Limited Liab	oility Company)		OND AS	
The enclos	sed Articles of Organization and fee(s) are submit	ted for filing.			
	Please return all corre	spondence co	ncerning this ma	atter to the following:		
		TANNER	PEACOCK			
		(Name	of Person)			
		(Firm/C	Company)			
		•				
	314 LIRIOPE LOOP					
		(Ac	idress)			
		DESTIN, FL	ORIDA 32541			
		(City/State	and Zip Code)			
For furthe	r information concerning this matter	, please call:				
	TANNER PEACOCK	at (_	850)	259-8068		
	(Name of Person)		(Area Code & D	aytime Telephone Numb	er)	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		うたい
The name of the Limite	ed Liability Compa	any is:
TRILOGY CAPITAL, L.L.	.c	any is:
ADDRESS TO A XX.		
ARTICLE II - Addres The mailing address an		the principal office of the Limited Liability Compar
-		
Principal Office Addr	ress:	Mailing Address:
TRILOGY CAPITAL, L.L.	C.	TRILOGY CAPITAL, L.L.C.
314 LIRIOPE LOOP		314 LIRIOPE LOOP
DESTIN, FLORIDA 3254	11	DESTIN, FLORIDA 32541
The name and the Flori		istered Office, & Registered Agent's Signature: of the registered agent are: ER PEACOCK
The name and the Flori		
The name and the Flori	TANNE	of the registered agent are: ER PEACOCK Name
The name and the Flori	TANNE	of the registered agent are:
The name and the Flori	TANNE	Of the registered agent are: ER PEACOCK Name IRIOPE LOOP ress (P.O. Box NOT acceptable)
The name and the Flori	TANNE 314 L Florida street addu DESTIN	ER PEACOCK Name IRIOPE LOOP ress (P.O. Box NOT acceptable)
ng been named as registere cany at the place designate to act in this capacity. I fu complete performance of n	TANNE 314 L Florida street addi DESTIN City ed agent and to acceed in this certificate arther agree to coming duties, and I am	ER PEACOCK Name IRIOPE LOOP ress (P.O. Box NOT acceptable) FLORIDA 32541

Page 1 of 2 (CONTINUED)

	Anaging Member(s): Alager or Managing Member is as follows: Name and Address: TANNER PEACOCK 314 URIOPE LOOP
<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Triba de
MRG	TANNER PEACOCK
	0172111012201
	DESTIN, FLORIDA 32541
	
(Use attachment if necessary)	
(000 annowned in neocramy)	
NOTE: An additional article m	ist be added if an effective date is requested.
REQUIRED SIGNATURE:	0
	mone Karana
Signature of a member	or an authorized representative of a member.
(In accordance with secti of this document constitu that the facts stated herei	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury
	inner Peacock
Type	d or printed name of signee

Filing Fees: \$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)