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Florida Department of State
Division of Corporations
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To:

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Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904) 398-3911
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Trinity/Spirit Liquidating Trust, LLC

FILED
04 NOV -4 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ROGERS TOWERS

NO. 9619

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Trinity/Spirit Liquidating Trust, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Trinity/Spirit Liquidating Trust, LLC
1819 Goodwin Street
Jacksonville, Florida 32204

Same

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

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

J. Kirby Chritton

Name

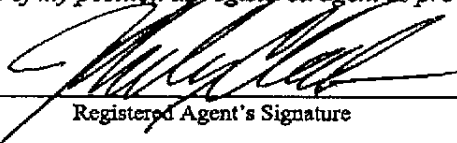
Rogers Towers, 1301 Riverplace Blvd - Suite 1500

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32207

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.



Registered Agent's Signature

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TALLAHASSEE
FLORIDA

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Trinity Capital of Jacksonville, Inc.

1819 Goodwin Street

Jacksonville, Florida 32204

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

J. Kirby Chritton, as authorized representative

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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