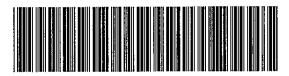
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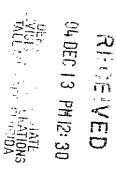
| | (Requestor's Name) |
|---------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-L | JP_ WAIT |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instruction | ns to Filing Officer: |
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| | |
| | Office Use Only |



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TRANSMITTAL LETTER

| Division of O | | | |
|-------------------------|---|---|---|
| SUBJECT: | Trinity Lending Company, LLC | | |
| SOBJECT. | | Liability Company) | |
| | s of Organization and fee(s) are su | | ALCONOMICS OF THE STATE OF THE |
| | Ms. Quir | ntealia F. Cato | |
| | | Vame of Person) | |
| | (I | Firm/Company) | |
| | 61 Wil | lie's Lane | |
| | | (Address) | |
| | Midwa | y, Florida 32343 | |
| | (City/ | State and Zip Code) | |
| For further information | on concerning this matter, please | call: | |
| Ms. Quir | ntealia F. Cato | at (850) 574 - 443 | 5 |
| (Na | me of Person) | (Area Code & Daytime Te | elephone Number) |
| Enclosed is a check | for the following amount: | | |
| □ \$125.00 Filing Fe | ce Ø \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Reg Div 409 | REET ADDRESS: gistration Section vision of Corporations DE. Gaines Street lahassee, Florida 32399 | MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F | ection orporations 7 |

Tallahassee, Florida 32399

| ARTICLES OF ORGANIZATION FOR FL | ORIDA LIMITED LIABILITY COMPANY |
|---|--|
| ARTICLE I - Name: | 25 A T |
| The name of the Limited Liability Company is: | |
| The name of the Limited Liability Company is. | The state of the s |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Trinity Lending Company, LLC | AND A |
| | GE S |
| ARTICLE II - Address: | |
| The mailing address and street address of the pr | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| Timelpar Office (Rateso) | Tamasana Tamasana |
| 61 Willie's Lane | P.O. Box 158 |
| Midway, Florida 32343 | Midway, Florida 32343 |
| | |
| The name and the Florida street address of the r Ms. Quintealia F | |
| Name | · Outo |
| | |
| 61 Willie's La | |
| Florida street add | ress (P.O. Box NOT acceptable) |
| Midway, | FL 32343 |
| City, State, a | and Zip |
| liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe | accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S |
| Quatralier S. | Cato |

(CONTINUED)

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

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

| Title: | Name and Address: |
|--|--|
| "MGR" = Manager "MGRM" = Managing Member | |
| ~ ~ | A STATE OF THE STA |
| MGRM | Ms. Quintealia F. Cato |
| | 61 Willie's Lane |
| | Midway, Florida 32343 |
| | , |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| NOTE: An additional article must | t be added if an effective date is requested. |
| REQUIRED SIGNATURE: | |
| | , 0 2 |
| Landa la | (200) |
| Signature of a member | er or an authorized representative of a member. |
| (In accordance with se of this document cons that the facts stated | ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.) |
| | Quintealia F. Cato |
| T | yped or printed name of signee |
| | |

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)