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(City/State/Zip/Phone #)

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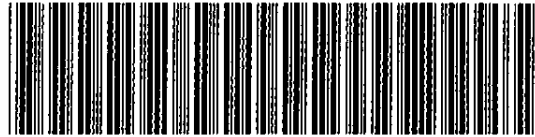
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUN 16 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FIRST FIDELITY TRUST COMPANY, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID OWEN

(Name of Person)

(Firm/Company)

5120 FOXHALL PLACE

(Address)

WEST PALM BEACH, FL 33417

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID OWEN

(Name of Person)

at (

561

) 309-3544

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$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)

**Mailing Address**

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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 3, 2008

DAVID OWEN  
5120 FOXHALL PLACE  
WEST PALM BEACH, FL 33417

SUBJECT: FIRST FIDELITY TRUST COMPANY, LLC  
Ref. Number: W08000027069

We have received your document for FIRST FIDELITY TRUST COMPANY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 508A00034521

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

FIRST FIDELITY TRUST, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

5120 FOXHALL PLACE  
WEST PALM BEACH, FL 33417

#### Mailing Address:

5120 FOXHALL PLACE  
WEST PALM BEACH, FL 33417

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DAVID J. OWEN

Name

5120 FOXHALL PLACE

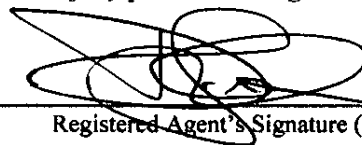
Florida street address (P.O. Box **NOT** acceptable)

WEST PALM BEACH, FL 33417

City, State, and Zip

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*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 (REQUIRED)

(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

DAVID J. OWEN  
5120 FOXHALL PLACE  
WEST PALM BEACH, FL 33417

MGRM

EQUITY TRUST COMPANY,  
CUSTODIAN FBO IRA # 79018  
225 BURNS ROAD  
ELYRIA, OH 44036

MGRM

EQUITY TRUST COMPANY,  
CUSTODIAN FBO IRA # 75554  
225 BURNS ROAD  
ELYRIA, OH 44036

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

DAVID J. OWEN

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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)**