L10000032811

(Requestor's Name)
(Address)	
(Address)	
,	
(City/State/Zip/Phor	no #)
(Only/Otale/Zip/i Noi	ie n)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number	
(= 00 0.110.110.110.110.110.110.110.110.11	,
Certified Copies Certificate	s of Status
Special Instructions to Filing Officer:	
	İ

Office Use Only



300172935533

**125.00

10 MAR 24 PM 2: 54 SECRETARY OF STATE

S. HAWKES

MAR 2 5 2010

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SURFECT: Trinity L	ife Settlements, LLC		
Substitution of the substi		ed Liability Company	
	f Organization and fee(s) are	-	
r lease return an corresp	ondence concerning this mar	ter to the following.	
Jeanette LaV	gne	Name of Person	
		Name of Person	
Trinity Financ	ial Services, LLC		
		Firm/Company	
940 Centre Ci	rcle Suite 3022		
		Address	
Altamonte Spi	rings, FL 32714		
		y/State and Zip Code	
compliance@	trinityfinancialllc.com E-mail address: (to be used)	for future annual report notification)	
For further information	concerning this matter, please		
Jeanette LaVigne		at (407)523-1980	
Name	of Person	Area Code & Daytime Telep	bhone Number
Enclosed is a check for	or the following amount:		
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	Т	I	C	LI	Œ	-	N	а	m	e:

The name of the Limited Liability Company is:

Trinity Life Settlements, 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 C

Principal Office Address:

Mailing Address:

940 Centre Circle	940 Centre Circle
Suite 3022	Suite 3022
Altamonte Springs, FL 32714	Altamonte Springs, FL 32714

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:

Harry Holan	
N	lame
913 Lotus Vista Apt 2	201
Florida stre	et address (P.O. Box <u>NOT</u> acceptable
Altamonte Springs	FL 32714
Cit	tv. 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

MGRM	Daniel Bockhorn	<u>_</u> ~~~
	395 Sweet Bay Dr.	
	Longwood, FL 32779	— `Q
MGRM	Gregory C. Scharfeld	`
	13945 Florigold Dr.	
	Windermere, FL 34786	
MGRM	Harry Holan	
	913 Lotus Vista Dr. Apt. 201	
	Altamonte Springs, FL 32714	
<u>.</u>		
(Use attachment if necessary)		
LE V: Effective date, if other than th	on data of 615 on 03/18/2010 (OPT	ΓΙΟΝΑΙ

REQUIRED SIGNATURE:

Signature of a member of 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.)

Harry H. Holan

Typed 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)