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DATE: 10-31-2011

TRI REAL ESTATE FLORIDA LLC NAME:

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: \$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

AUTHORIZATION:

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: TRI Real Estate Florida LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Alexander McClain	
	Name of Person
Greenberg Traurig, LLP	•
	Firm/Company
3290 Northside Parkway, Suit	te 400
	Address
Atlanta, Georgia 30327	City/State and Zip Code
mcclaina@gtlaw.com	
E-mail address: (to be used for future annual report notification)
rther information concerning this ma	tter, please call:
inder McClain	at (678) 553-2390
Name of Person	Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fcc

U\$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)

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Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, PL 32314

Street/Courier Address
Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
TRI Real Estate Florida I I C

ARTICLE II - Address:

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

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

Principal Office Address:	Mailing Address:
c/o NRAI Services, Inc.	
515 East Park Avenue	
Tallahassee, Florida 32301	
	egistered Office, & Registered Agent's Signature: cown Registered Agent. You must designate at individual or another)
The name and the Florida street addres	s of the registered agent are;

NRAI Services,	, Inc
	Name
515 East Park	Avenue
F	lorida street address (P.O. Box NOT acceptable)
Tallahassee	FL 32301
	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..

NRAI Services, Inc.

Registered Agent's Signature (REQUIRE)

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Angela H. Williams c/o NRAI Services, Inc. 515 East Park Avonue, Tallahassee, Florida 32302 MGR Arthur L. Williams, Jr. c/o NRAI Services, Inc. 515 East Park Avenuo, Tattahassee, Florida 32302 (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 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.)

attorney and organizer

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)