

#107-893-4444  
Division of Corporations

3/13/2012 1:40 PAGE 02/003 Fax Server

12000035949

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000066242 3)))



H120000662423ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: GAIL S ANDRE  
Account Name : LOWMEDES, DROSDICK, DOSTER KANTOR & REED P.A.  
Account Number : 072720000036  
Phone : (407) 843-4600  
Fax Number : (407) 843-4444

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

FLORIDA LIMITED LIABILITY CO.  
TRUST INVESTORS II, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

RECEIVED  
12 MAR 13 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
12 MAR 13 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALLY  
EXAMINER  
MAR 14 2012

**ARTICLES OF ORGANIZATION  
OF  
TRUST INVESTORS II, LLC**

H12000066242  
FILED  
MAR 13 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME**

The name of this limited liability company is **TRUST INVESTORS II, LLC**  
(the "Company").

**ARTICLE II - PRINCIPAL OFFICE**

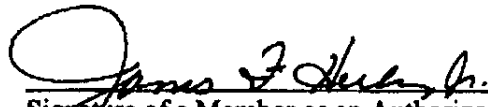
The mailing address and street address of the initial principal office of the Company is  
215 N. Eola Drive, Orlando, Florida 32801.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 215 North Eola Drive,  
Orlando, Florida 32801, and the name of the initial registered agent of the Company at that  
address is James F. Heekin, Jr.

**ARTICLE IV - MANAGEMENT**

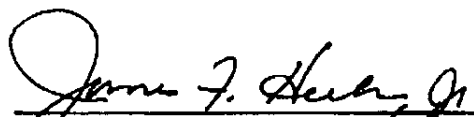
The Company is to be managed by one or more managers and is, therefore, a manager-  
managed company.

  
Signature of a Member or an Authorized  
Representative of a Member

James F. Heekin, Jr.  
Typed or Printed Name of Signer

**ACCEPTANCE OF REGISTERED AGENT**

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, Florida Statutes.

  
James F. Heekin, Jr.