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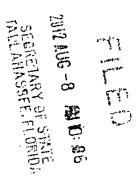
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T. CLINE
AUG - 9 2012
EXAMINER

COVER LETTER

	of Corporations	_
SUBJECT: TR	N Associates , LLC.	
		Liability Company
The enclosed Artic	cles of Organization and fee(s) are sub	bmitted for filing.
Please return all co	orrespondence concerning this matter	to the following:
Thoma	as Wells	
	N	ame of Person
TRN A	Associates, LLC	
	F	irm/Company
60 SW	/ Hideaway Place	
		Address
Stuart	Florida 34994	
		State and Zip Code
tomwells	s@prioritypayout.com	
	E-mail address: (to be used for	future annual report notification)
For further informa	ation concerning this matter, please ca	all:
Thomas Well	is a	, 702 327 5550
1	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a che	ck for the following amount: \$10.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
TRN Associates, 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	Company is:

ARTICLE I - Name:

Principal Office Address:	<u>Mailing Address:</u>
60 SW Hideaway Place	60 SW Hideaway Palce

Stuart FL 34994 Stuart FL 34994

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:

Jane A. Hallick

Name

301 NE Town Terrace

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

Jensen Beach

г 34957

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..

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:

"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Thomas Wells
	301 NE Town Terrace
	Jensen Beach Florida 34957
MGR	Alan T, Cohen
	301 NE Town Terrace
	Jensen Beach Florida 34957
MGR	Nari Manmohansignh
MOIC	60 SW Hideaway Place
	Stuart, Florida 34994
•	
LE V: Effective date, if other than th	e date of filing: August 15th, 2012 (OPTION
(Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must leady after the date of filing.)	be specific and cannot be more than five business da
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