

**L13000025285**

Florida Department of State  
Division of Corporations  
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To:

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

From:

**GAIL S ANDRE**

Account Name : LOWNDES, DROSDICK, DOSTER, KA NTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407) 843-4600  
Fax Number : (407) 843-4444

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

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
TRUST INVESTORS VI, LLC**

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

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FEB 19 2013

J. BRYAN

2/18/2013

ARTICLES OF ORGANIZATION  
OF  
TRUST INVESTORS VI, LLC

ARTICLE I - NAME

The name of this limited liability company is TRUST INVESTORS VI, LLC  
"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

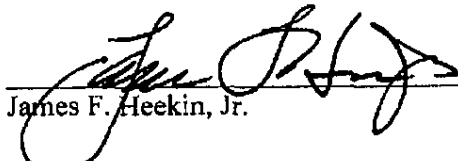
The Company is to be managed by one or more managers and is, therefore, a manager-  
managed company.

  
\_\_\_\_\_  
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.

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