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Office Use Only



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SECRETARY OF STATE OF STATE OF CORPORATION

13 MAY 13 AM 10: 31

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COVER LETTER

TO:

Registration Section **Division of Corporations**

Trust Investment Properties, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Clint B. Frey

Name of Person

Trust Investment Properties, LLC

Firm/Company

9114 Brunswick Lane

Address

Tampa, FL 33615

City/State and Zip Code

cfrey@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clint B. Frey

at(813) 727-5 i 8 j

Name of Person

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) **3** \$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 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	/ is:	
Trust Investment Properties, LLC		
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
TICLE II - Address: mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:	
9114 Brunswick Lane, Tampa FL 33615	9114 Brunswick Lane, Tampa FL 33615	
The name and the Florida street address of the Clint B. Frey		
INS	ame	
9114 Brunswick Lane	(III (DO D. NOT.	
	t address (P.O. Box <u>NOT</u> acceptable)	
Tampa FL 33615	/, State, and Zip	
Having been named as registered agent and liability company at the place designated	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of	

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATION

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

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

MGR	Clint B. Frey	
	9114 Brunswick Lane	
	Tampa, FL 33615	
		. <u></u>
	<u></u>	
(Use attachment if necessary)		
IFV: Effective date if other than the	ne date of filing:	(OPTION A

REQUIRED SIGNATURE:

Signature of a member or 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Clint B. Frey

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)