

# L19000151461

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.

((H19000187917 3)))



H19000187917345CA

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) 617-6361

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.  
Account Number : 072720000036  
Phone : (407) 843-4600  
Fax Number : (407) 843-4444  
Van T. [Signature]

\*\*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 XIX, LLC

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

19 JUN 17 PM 0:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
OF  
TRUST INVESTORS XIX, LLC

ARTICLE I - NAME

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

ARTICLE II - PRINCIPAL OFFICE

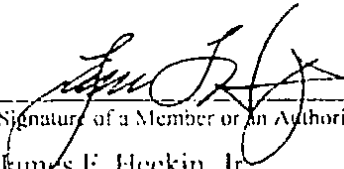
The mailing address and street address of the initial principal office of the Company is 3300 University Boulevard, Suite 218, Winter Park, Florida 32792.

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. Heckin, Jr.

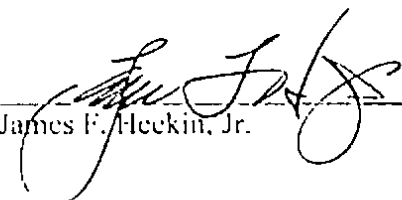
ARTICLE IV - MANAGEMENT

The Company is manager-managed for purposes of Section 605.0407, *Florida Statutes*, and other relevant provisions of Chapter 605, *Florida Statutes*, and the initial managers of the Company are Alexander Mann Crenshaw and James F. Heckin, Jr.

  
\_\_\_\_\_  
Signature of a Member or an Authorized Representative of the Member  
James F. Heckin, 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 605, *Florida Statutes*.

  
\_\_\_\_\_  
James F. Heckin, Jr.

19 JUN 17 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA