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(Business Entity Name)

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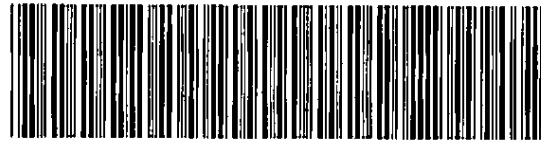
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: QuadTrinity Real Estate Partners, 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:

Charles Pires

Name of Person

QuadTrinity Real Estate Partners, LLC

Firm/Company

542 Red Coat Lane

Address

Phoenixville, PA 19460

City/State and Zip Code

cpires@trinityflavors.com

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

For further information concerning this matter, please call:

Charles Pires 601 608-2501

Name of Person Area Code Daytime Telephone Number

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) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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 **QuadTrinity Real Estate Partners, LLC.**

ARTICLE II - Address:

The office and mailing addresses of the principal office of the Limited Liability Company are:

Principal Office Address:

542 Red Coat Lane
Phoenixville, PA 19460

Mailing Address:


542 Red Coat Lane
Phoenixville, PA 19460

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Paul Grivas
Anderson & Brodersen, P.A.
350 Corey Avenue
St. Pete Beach, FL 33706

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, F.S.



Registered Agent's Signature

ARTICLE IV- The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
AMBR	William Fitzgerald 825 Arrowhead Lane Harleysville, PA 19438

OFFICE OF THE
CLERK OF THE
SUPREME COURT
JUL 15 AM 1:11
TALLAHASSEE, FLORIDA

AMBR Patrick Gangemi
404 E. Elm Street
Conshohocken, PA 19428

AMBR Matthew Mink
185 Picket Post Lane
Phoenixville, PA 19460

AMBR Charles Pires
542 Red Coat Lane
Phoenixville, PA 19460

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

STATE OF FLORIDA
DIVISION OF CORPORATION
19 JUL 15 AM 1:11
TALLAHASSEE, FLORIDA