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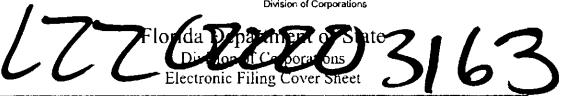
Page: 2 of 4

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From: Lexus Wingo

Division of Corporations



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.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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.

Trinitas Development LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Trinitas Development LLC

(Must contain 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 Company is:

Principal Office Address:	Mailing Address:
Trinitas Ventures	Trinitas Ventures
201 Main Street, Suite 1000	201 Main Street, Suite 1000
Lafayette, Indiana 47901	Lafayette, Indiana 47901

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:

C T Corporation Sy:	stem	
	Name	
1200 South Pine Isla	and Road	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
City	State	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 605, F.S..

CT Corporation System

By: York Sandra Zwijack, Asst. Manager

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Ā	I.	Γſ	c	LE	IV	٠.

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

Title:	Name and Address:		
"AMBR" = Authorized Memb	ner		
"MGR" = Manager			
AMBR	Loren King 201 Main Street, Suite 1000	 -	
	Lafayette, Indiana 47901		
			
AMBR	Chris King		
AMIX	201 Main Street, Suite 1000		
	Lafayette, Indiana 47901	·· ·····	
AMBR	Damian VanMatre		
	201 Main Street, Suite 1000		
	Lafayette, Indiana 47901		
AMBR	Matthew Klinzing 6344 Cornell Aye.		
	Indianapolis, IN 46220		
(Use attachment if necessary)			
LEV: Effective date, if other the ffective date is listed, the date is of filing.) If the date inserted in this block	must be specific and cannot be more than five business days prior does not meet the applicable statutory filing requirements, this days partment of State's records.	or to or 90 days after	S
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