P95000021212

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

100001 430887
-03/16/95 -01002 -012
****122.50 ****122.50

SUBJECT: TRUST INVESTMENT PROPERTIES, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ $70.00 Filing Fee

☐ $78.75 Filing Fee & Certificate

☒ $122.50 Filing Fee & Certified Copy

☐ $131.25 Filing Fee, Certified Copy & Certificate

Additional Copy Required

FILED
95 MAR 15 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Clint B. Frey
Name (printed or typed)

9114 Brunswick Lane
Address

Tampa, Florida 33615
City, State & Zip

Daytime Telephone number

3-15

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

95 MAR 15 PM 4:47

ARTICLE I NAME

The name of the corporation shall be:

Trust Investment Properties, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9114 Brunswick Lane
Tampa, Florida, 33615

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

7,500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Robert M. Suddeth, Jr.
9114 Brunswick Lane
Tampa, Florida 33615

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Robert M. Suddeth, Jr.
9114 Brunswick Lane
Tampa, Florida 33615

Clint B. Frey - Pres.,Secretary,V. Pres., & Treasurer
9114 Brunswick Lane
Tampa, Florida 33615

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15 day of March, 1995.

Robert M. Suddeth Jr.
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Trust Investment Properties, Inc.

2. The name and address of the registered agent and office is:

Robert M. Suddeth, Jr.
(Name)

9114 Brunswick Lane
(P.O. Box or Mail Drop Box NOT acceptable)

Tampa, Florida 33615
(City/State/Zip)

95 MAR 15 PM 4:47

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Robert M. Suddeth
(Signature)

3/15/95
(Date)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 OCT 29 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000021212

1. Corporation Name

TRUST INVESTMENT PROPERTIES, INC.

Principal Place of Business	Mailing Address
9114 BRUNSWICK LANE TAMPA FL 33615	9114 BRUNSWICK LANE TAMPA FL 33615

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

REINSTATEMENT 96

4. Date Incorporated or Qualified To Do Business In Florida: 06/15/1995

5. FEI Number: 59-2738841 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVST	FREY, CLINT B	9114 BRUNSWICK LANE	TAMPA FL 33615
			100001995581--3 -11705736--01018--023 ****375.00 ****375.00
			9-11-1-96

8. Name and Address of Current Registered Agent

SUDDETH, ROBERT M JR
9114 BRUNSWICK LANE
TAMPA FL 33615

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Robert M. Suddeth REQUIRED — REGISTERED AGENT MUST SIGN

Date: 10-22-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Clint Frey — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-96 — Date

813-249-1782 — Daytime Phone #

P950000 12/12

DEBIT MEMORANDUM

PV0042

TO : DEPARTMENT OF STATE

DATE FOR OFFICIAL USE

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	2,493.75	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	2,493.75	OTHER	

100002050414---4
*****19.00 *****19.00

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	1	35.00
12	45-20-2-130001-45300000-00-000100-00	1	78.75
12	45-20-2-130001-45300000-00-000100-00	2	96.25
12	45-20-2-130001-45300000-00-000100-00	3	375.00
12	45-20-2-130001-45300000-00-000100-00	3	375.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00
	45-20-2-130001-45300000-00-000100-00	2	783.75

GRAND TOTAL: $ 2,493.75

RECEIVED
NOV 26 PM 3:50
OFFICIAL MANAGEMENT

7/836-F

Montgomery
Sheridan
Delaney
Processed
On

Process Date: 11/15/96

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

100002043141---6
-01/02/97--01014--000
*****375.00 *****375.00

State Treasurer