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## FLORIDA LIMITED LIABILITY CO.

Trigon Property Investments, LLC

Tigon Froperty	
Certificate of Status	0
Certified Copy	11
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Estimated Charge	\$155.00

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## COVER LETTER

	New Filing Section Division of Corp.						
		rty Investments, LI	.c				
SUBJEC	T:	Name o	of Limited Liabil	ty Company			
The encl	osed Articles of C	rganization and fee	(s) are submitted	for filing.			
Please re	gurn all correspon	dence concerning th	nis matter to the	following:			
	Andrew R. Co	miter, Esq.					
		<del></del>	Name of	Person	-		
	Comiter, Sing	er, Baseman & Bra	un, I.LP			ţ	( :
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	3825 PGA BI	vd., Suite 701				-	;
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	Palm Beach (	Gardens, FL 33410					\ \ 2
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For furth		neerning this matter		•			
	Rebecca Bye		56)	626-2101			
	Nam	e of Person	Area Code	Daytime Telephone	Number		
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<b>□\$</b> 12	5,00 Filing Fee	□\$130.00 Filing Certificate of Str	enis Cert	ISS.00 Filing Fee & Ified Copy onal copy is enclosed)	U\$160.00 Fill Certificate of Certificate Cop (additional copy	Status &	d)
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con				
Trigon Property Investme (Must contain th	nts, LLC ne words "Limited Liabi	lity Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	s of the principal office	of the Limi	ted Liability Company is:	
<u>Principal Of</u>	Mce Address:		Mailing Address:	
anne no e plud. Suite 76	<b>\</b> 1	3	825 PGA Blvd., Suite 701	
3825 PGA Blvd., Suite 70 Palm Beach Gardens, FL	33410	- <u>-</u>	alm Beach Gardens, FL 33410	: : : : : : : : : : : : : : : : : :
Faint Death Outdanny : 2		_		
another business entity with an active.  The name and the Florida street addr.	ess of the registered age	ent arc:	nt. You must designate an individual or	4 83 1:29
				, –
<u>3</u>	825 PGA Blvd., Suite	(0)	1-V	
1	Florida street address (P	.O. Box <b>XI</b>	M acceptable)	
į.	alm Beach Gardens	FL	33410	
<u> </u>	City	State	Zlp	
place designated in this certificate, I h	ereoy ticcept the appoint sistens of all statutes related to the attention of my postulou us	ing to the piegistered a	or the above stated limited liability comp sistered agent and agree to act in this ca, coper and complete performance of my or gent up provided for in Chapter 605. F.S signature (REQUIRED)	duties, and l

(CONTINUED)

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	NAM:	e and Address:	
<u>Flite:</u> 'AMBR" = Authorized Mer	_		
MGR" = Manager			
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