



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/02/2007	200706101930	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

PORTER, WRIGHT, MORRIS & ARTHUR
ATTN B R KISER
41 S HIGH ST STE 2800
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1681933

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

TRUST NAVIGATOR, LLC

and, that said business records show the filing and recording of:

Document(s)

ARTICLES OF ORGANIZATION/DOM. LLC

Document No(s):

200706101930



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 26th day of February,
A.D. 2007.

Ohio Secretary of State



www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Prescribed by:
The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this Form: (Select One)	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 670 Columbus, OH 43216

**ORGANIZATION / REGISTRATION OF
LIMITED LIABILITY COMPANY**
(Domestic or Foreign)
Filing Fee \$125.00

SECRET REGISTRATION
2007 FEB 26 AM 10:50
QUESTIONS CONTACT

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

<input checked="" type="checkbox"/> (1) Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705	<input type="checkbox"/> (2) Application for Registration of Foreign Limited Liability Company (106-LFA) ORC 1705
(Date of Formation) _____	(State) _____

Complete the general information in this section for the box checked above.

Name Trust Navigator, LLC

Check here if additional provisions are attached

* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd, L.t.d., LLC, L.L.C.

Complete the information in this section if box (1) is checked.

Effective Date (Optional) _____ *Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.*
(mm/dd/yyyy)

This limited liability company shall exist for perpetuity unless terminated by law or the Operating Agreement.
(Optional) (Period of existence)

Purpose (Optional) Any lawful acts and activities for which limited liability companies may be formed under the laws of the State of Ohio, including, but not limited to, the purposes set forth in the Operating Agreement of the limited liability company.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Optional)

(Name) _____

(Street) _____ **NOTE: P.O. Box Addresses are NOT acceptable.**

(City) _____ (State) _____ (Zip Code) _____

Complete the information in this section if box (1) is checked Cont.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member, manager or representative of

Trust Navigator, LLC (name of limited liability company)

hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is:

Acme Agent, Inc. (Name of Agent)

41 South High Street, Suite 2800 (Street) NOTE: P.O. Box Addresses are NOT acceptable.

Columbus Ohio 43215 (City) (State) (Zip Code)

Must be authenticated by an authorized representative

Handwritten signature and date 2/22/07

Handwritten signature and date 2/22/07

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Trust Navigator, LLC (name of limited liability company)

hereby acknowledges and accepts the appointment of agent for said limited liability Company.

Handwritten signature: Bay L. Kim, Assistant Secretary (Agent's signature)

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

 (Name)

 (Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

 (City) _____ (State) _____ (Zip Code)

The name under which the foreign limited liability company desires to transact business in Ohio is

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

 (Name)

 (Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

 (City) Ohio _____ (State) _____ (Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- a. the agent cannot be found, or
- b. the limited liability company fails to designate another agent when required to do so, or
- c. the limited liability company's registration to do business in Ohio expires or is cancelled.

REQUIRED

Must be authenticated (signed) by an authorized representative (See Instructions)

Kenneth A. Louard 2/22/07
 Authorized Representative Date

Kenneth A. Louard

 (Print Name)
 6140 Parkland Boulevard, Suite 150, Mayfield Heights, Ohio 44124

Thomas H. Rouleston III 2/22/07
 Authorized Representative Date

Thomas H. Rouleston III

 (Print Name)
 6140 Parkland Blvd Suite 150
 Mayfield Hts Ohio 44124