

(((H14000249783 3)))

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H14000249783 3)))



H14000249783ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6331

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
Phone : (813) 932-5244
Fax Number : (813) 932-3792

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
TRICOM NETWORKS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

RECEIVED

14 OCT 30 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 30 AM 11:39

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

(((H14000249783 3)))

TRANSMITTAL LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TRICOM NETWORKS, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ROMAN ALBANO

(Name of Person)

CONTRACTORS' REPORTING SERVICE INC

(Firm/Company)

13795 N NEBRASKA AVE

(Address)

TAMPA, FL 33613

(City/State and Zip code)

For further information concerning this matter, please call:

ROMAN ALBANO

(Name of Person)

at (**813**)

932-5244

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

FILED
14 OCT 30 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FL 32304



October 30, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CONTRACTORS REPORTING SERVICES, INC.

SUBJECT: TRICOM NETWORKS, INC.
REF: W14000066080

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

Please correct the spelling of the citys name for the principal office address and for the officers and directors.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H14000249783
Letter Number: 714A00023270

FILED
14 OCT 30 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

850-617-6381
From: Bill Moore Fax: +1 (813) 445-7135

10/28/2014 12:21:55 PM PAGE
To: Fax: +1 (850) 617-6381

1/001 Fax Server
Page 2 of 8 10/30/2014 3:43



October 28, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations
CONTRACTORS REPORTING SERVICES, INC.

SUBJECT: TRICOM NETWORKS, INC.
REF: W14000065378

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P10000073889 (TRICOM NETWORK, INC.).

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H14000249783
Letter Number: 414A00023033

P.O BOX 6327 - Tallahassee, Florida 32314

FILED
14 OCT 30 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. TRICOM NETWORKS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

TRICOM CONSTRUCTION, INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CA

(State or country under the law of which it is incorporated)

3. 30-0927258

(FEI number, if applicable)

4. 09/12/2000

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 500 N RAINBOW DR STE 300 LAS VEGAS NV 89107

(Principal office address)

10115 LAKE AVE, TAMPA, FL 33619

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: KALVIN WEATHERSBY

Office Address: 10115 LAKE AVE

TAMPA

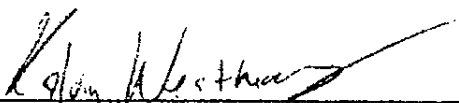
(City)

, Florida 33619

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
14 OCT 30 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

FILED

A. DIRECTORS

14 OCT 30 AM 11:39

Chairman: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Vice President: WILLIAM L TAYLORAddress: 500 N RAINBOW DR STE 300LAS VEGAS NV 89107Vice President: LARRY COKERAddress: 500 N RAINBOW DR STE 300TAMPA, FL 33619Vice President: KALVIN L WEATHERSBYAddress: 10115 LAKE AVETAMPA, FL 33619

Vice President: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

(Signature of Director or Officer listed in number 12 of the application)

13. KALVIN L WEATHERSBY

(Typed or printed name and capacity of person signing application)

((H14000249783 3)))

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

TRICOM NETWORKS, INC.

FILE NUMBER: C2239999
FORMATION DATE: 09/12/2000
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

FILED
14 OCT 30 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 23, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State