

L03000055129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

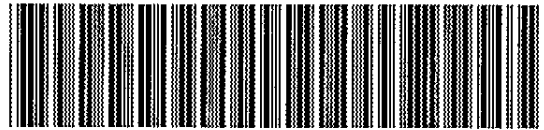
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATION

EFFECTIVE DATE  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 0721000000032

REFERENCE : 370564 81011A

AUTHORIZATION :

*Patricia Kyjic*

COST LIMIT : \$ 155.00

ORDER DATE : December 22, 2003

ORDER TIME : 10:34 AM

ORDER NO. : 370564-005

CUSTOMER NO: 81011A

CUSTOMER: Nicole Lodato  
Holcomb & Mayts, P.a.

Suite 200  
106 South Tampania Avenue  
Tampa, FL 33609

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TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: TRI CORNER, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I  
NAME**

The name of the Limited Liability Company is TRI CORNER, LLC.

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 490 Channelside Drive, Tampa, 33602.

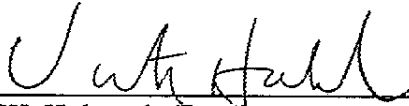
**ARTICLE III  
EFFECTIVE DATE**

The Limited Liability Company shall be effective as of December 19, 2003.

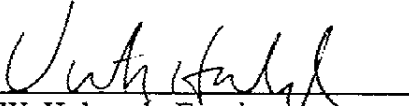
**ARTICLE IV  
REGISTERED AGENT, REGISTERED OFFICE,  
AND RESIDENT AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are Victor W. Holcomb, Esquire, 106 South Tampania Avenue, Suite 200, Tampa, Florida, 33609.

*Having been named as registered agent and to accept service of process for the above-named 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 provision 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.*

  
\_\_\_\_\_  
Victor W. Holcomb, Esquire

**IN WITNESS WHEREOF**, the undersigned representative hereby acknowledges that, in accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Victor W. Holcomb, Esquire

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12/19/03  
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