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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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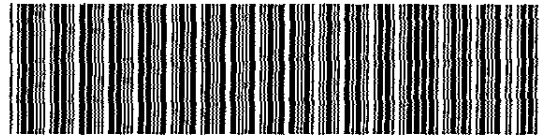
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -5 PM 3:06

up

TRANSMITTAL LETTER

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

SUBJECT: TRICO CONSTRUCTION COMPANY, LLC
 (Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization
 \$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30. Please send one check for the total amount made payable to the Florida Department of State.

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 MAR -5 PM 3:06

FROM: DAVID B. FRANCOIS
 Name (Printed or typed)

901 Kirkman Road Suite # 270

Address

Orlando, FL. 32811

City, State & Zip

(407) 230-6010 / (407) 687-7058

Daytime Telephone number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: TRICO CONSTRUCTION COMPANY, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

901 Kirkman Road Suite #270

Orlando, FL. 32811

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Samson F. Francois & David B. Francois

The name and the Florida street address of the registered agent are:

DAVID B. FRANCOIS

Name

901 Kirkman Road Suite #270

Florida street address (P.O. Box **NOT** acceptable)

Orlando

FL

32811

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated 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 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 as provided for in Chapter 608, F.S.

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DAVID B. FRANCOIS

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Samson F. Francois

901 Kirkman Road Suite #270
Orlando, Florida 32811

MGRM

David B. Francois

901 Kirkman Road Suite #270
Orlando, Florida 32811

MGRM

Claudette Francois

901 Kirkman Road Suite # 270
Orlando, FL. 32811

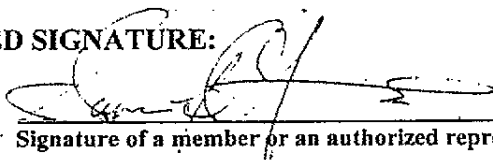
MGRM

(Use attachment if necessary)

MGRM

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Samson F. Francois

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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