Florida Department of State

Division of Corporations Public Access System

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FAX AUDIT # 1/060000 991973

ARTICLES OF ORGANIZATION OF TriCore Capital LLC

ARTICLE I

NAME

The name of the limited liability company shall be: TriCore Capital LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 18902 Place Marquette, Lutz, Florida 33558.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Wayne Lynn, 18902 Place Marquette, Lutz, Florida 33558. Located in the County of Hillsborough.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Wayne Lynn, PO Box 21047, Tampa, Florida 33622-1047

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717 (608) 827-5300

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FAX AUDIT # 406 0000 99 1973

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: TriCore Capital LLC

The name and address of the registered agent and office is Wayne Lynn, 18902 Place Marquette, Lutz, Florida 33558. Located in the County of Hillsborough.

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

> Notary molic. State of Flonda comm. expires April 14, 2007 No. 00203186

Signature: /

Date: 4/1/2/06

State of Figure

County of Hillipperough

The foregoing instrument was acknowledged

, who is personally a

me er who has produced

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