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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

WI-19185

Office Use Only



600176076926

Effective Date 04/16/10

04/19/10--01016--023 \*\*130.00

FILED  
10 APR 19 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

APR 27 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Tri-State Contractors, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Cognetti

Name of Person

Tri-State Contractors

Firm/Company

P.O. Box 758

Address

Pompano Beach, FL 33061

City/State and Zip Code

dave.iws@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Cognetti

Name of Person

at ( 754-235-2400 ) 754-235-2400

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

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

10 APR 19 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 20, 2010

DAVID COGNETTI  
P.O. BOX 758  
POMPANO BEACH, FL 33061

SUBJECT: TRI-STATE CONSTRUCTORS, LLC  
Ref. Number: W10000019185

FILED  
10 APR 19 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for TRI-STATE CONSTRUCTORS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 710A00009736

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Tri-State Contractors, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:****Mailing Address:**P.O. Box 758, Pompano Beach, FL 33061P.O. Box 758, Pompano Beach, FL 330612561 NE 19th Street  
Pompano Beach, FL 33062**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

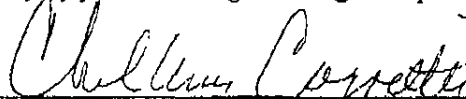
Effective Date 04/16/10Cheryl Ann Cognetti

Name

2561 NE 19th StreetFlorida street address (P.O. Box **NOT** acceptable)Pompano BeachFL 33062

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

**FILED**  
10 APR 19 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

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**10 APR 19 AM 8:03**

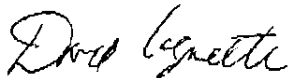
**SECRETARY OF STATE**

**TALLAHASSEE, FLORIDA**

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 4-16-10 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

David Cognetti

Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)