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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 588214 COST LIMIT : \$ 125.00 ORDER DATE: April 6, 2017 ORDER TIME : 9:57 AM ORDER NO. : 588214-005 CUSTOMER NO: 7456992 DOMESTIC FILING NAME: TRICERA BROKERAGE LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION \_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

CERTIFIED COPY
PLAIN STAMPED COPY

CORPORATION SERVICE COMPANY

EXAMINER'S INITIALS:

## COVER LETTER

	Registration Section Division of Corporations			
cupico	Tricera Brokerage LLC			
SUBJEC		imited Liability	Company	
The encle	osed Articles of Organization and fee(s) a	are submitted fo	or filing.	
Please re	turn all correspondence concerning this n	natter to the fo	llowing:	
	Melissa Mazrim			
,		Name of P	erson	
	Polsinelli PC			
		Firm/Com	ipany	
	150 N. Riverside, Suite 3000			
		Addres	SS	
	Chicago, IL 60606			
	mmazrim@polsinelli.com	City/State and	Zip Code	
	E-mail address: (to be use	ed for future an	nual report notification)	
For furthe	r information concerning this matter, plea	ise call:		
		312	873-3631	
		Area Code	Daytime Telephone Number	
Enclosed	is a check for the following amount:			
<b>\$</b> 125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Centifie	Silong Fee & Status & Certificate of Status & Certified Copy (additional copy is enclosed)	sed)
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327	i I	New Filing Section Division of Corporations Clifton Building	•

Tallahassee, FL 32314

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The state of

ARTICLE 1 - Name:

A COLUMN SERVICE BEFORE SERVICE CONTROL OF THE TREE OF CASE OF THE COLUMN THE PROPERTY OF THE TREE OF THE COLUMN THE COLU

The name of the Limited Liability Company is:

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Tricera Brokerage 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 Liabi	ility Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
600 Brickell Avenu Miami, FL 33131	ie, 16th Floor	600 Brick Miami, Fl	tell Avenue, 16th Floor L 33131
ADTICLE III - Denictened As	gent, Registered Office, & Reg	stered Agent's S	ionature:
(The Limited Liability Compar another business entity with an	ly cannot serve as its own Regist	ered Agent. You r	
(The Limited Liability Compar another business entity with an	y cannot serve as its own Registration.)	ered Agent. You r	
(The Limited Liability Compar another business entity with an	y cannot serve as its own Registrative Florida registration.) t address of the registered agent	ered Agent. You r ure:	
(The Limited Liability Compar another business entity with an	y cannot serve as its own Registration.)  t address of the registered agent  Corporation Service Compa  Name	ered Agent. You r ure:	nust designate an individual or
(The Limited Liability Compar another business entity with an	y cannot serve as its own Registration.)  t address of the registered agent  Corporation Service Compa  Name  1201 Hays Street  Florida street address (P.O.	ered Agent. You r ure:	nust designate an individual or
(The Limited Liability Compar another business entity with an	y cannot serve as its own Registration.)  t address of the registered agent  Corporation Service Compa  Name	ered Agent. You r ure:	nust designate an individual or

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 605, F.S..

Corporation Service Company

By:

Melissa Zender

Asst. Vice President

Registered Agent's Signature (REQUIRE

(CONTINUED)

Page Lof2

REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes	## Tricera Capital REP LLC  600 Brickell Avenue, 16th Floor  Miami, FL 33131  **Effective date, if other than the date of filing:  ve date is listed, the date must be specific and cannot be more than five business days prior to or 90 ling.)  date inserted in this block does not meet the applicable statutory tiling requirements, this date will not an it is effective date on the Department of State's records.  **Tile Other provisions. if any.**  **OUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.  **Department of State Constitutes and Typed or printed name of signee**  Filing Fees:  125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary)  E.V.: Effective date, if other than the date of filing:  (OPTIONAL)  E.V.: Effective date, if other than the date of filing:  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (In date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.  E.V.: Other provisions, if any.  (OPTIONAL)  (In date will not determine the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.  E.V.: Other provisions, if any.  (OPTIONAL)  (OPTIONAL	date inserted in this block does not meet the applicable statutory tiling requirements, this date will not at effective date on the Department of State's records.  Cother provisions, if any.  OUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.817.155, F.S.  Denomin Handle Typed or printed name of signee  Filing Fees:  125.00 Filling Fee for Articles of Organization and Designation of Registered Agent 30.00 Certified Copy (Optional)	"MGR" = Manager	
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