

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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From:

Account Name : HOMSI LAW, P.A.  
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Phone : (407)377-5507  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: William@hmsilaw.com

FLORIDA LIMITED LIABILITY CO.  
TRIFORM CONSTRUCTION USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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**ARTICLES OF ORGANIZATION  
FOR  
TRIFORM CONSTRUCTION USA LLC**

**ARTICLE I**

The name of the Limited Liability Company is:

TRIFORM CONSTRUCTION USA LLC

**ARTICLE II**

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

11758 IZARRA WAY, UNIT #7708  
FORT MYERS, FLORIDA 33912

The mailing address of the Limited Liability Company is:

11758 IZARRA WAY, UNIT #7708  
FORT MYERS, FLORIDA 33912

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS PURPOSE.

**ARTICLE IV**

The Articles of Organization shall be effective immediately when filed with the Secretary of State of Florida.

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CLERK OF STATE

**H**  
HOMSI LAW, P.A.

Mailing Address  
8815 Conroy-Windermere Road, #402  
Orlando, Florida 32835  
(407) 377-5507  
[www.HomsiLaw.com](http://www.HomsiLaw.com)

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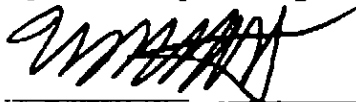
## ARTICLE V

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

HOMSI LAW, P.A.  
8815 CONROY-WINDERMERE ROAD  
#402  
ORLANDO, FLORIDA 32835

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 am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent:



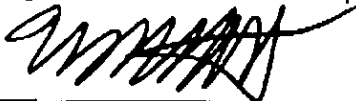
William M. Homsi, President

The Members hereby delegate the management of the LLC to Manager(s).  
The name and address of persons(s) authorized to manage the LLC:

Operating Manager: FILIPPO LEMMO  
Vice Operating Manager: AMY LEMMO

Address of the Managers and Officers being the same as the Principal Address of the LLC.

Signature of an Authorized Representative:



William M. Homsi, Esq.

I am an authorized representative of the members submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain active status.

**H**  
HOMSI LAW, P.A.

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8815 Conroy-Windermere Road, #402  
Orlando, Florida 32835  
(407) 377-5507  
www.Homsilaw.com

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