

L24000375638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

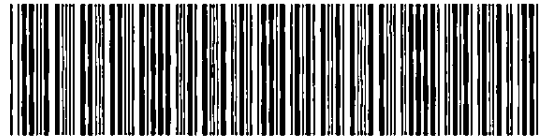
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 AUG 29 AM 9:47
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WALK IN

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CERTIFIED COPY _____

XX PHOTOCOPY _____

CUS _____

XX FILING LLC _____

1. TRICOLORE LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

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TALLAHASSEE FL
SECRETARY OF STATE

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Tricolore 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 L. Paul
Name of Person
Rosende, Velez & Paul, PLLC
Firm/Company
8200 NW 41st Street, Suite 318
Address
Doral, FL 33166
City/State and Zip Code
david@rvplawyers.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

David L. Paul 305 701-2099
Name of Person at () 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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tricolore LLC

(Must contain 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:

8200 NW 41st Street, Suite 318
Doral, FL 33166

37 Rue Lafford
Kirkland, QC H9J 3X9, Canada

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:

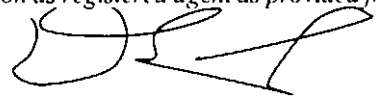
Rosende, Velez & Paul, PLLC c/o David L. Paul
Name

8200 NW 41st Street, Suite 318
Florida street address (P.O. Box **NOT** acceptable)

Doral FL 33136
City State Zip

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CLERK OF STATE
TALLAHASSEE, FL
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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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Sunbuck Holdings LLC
8200 NW 41st Street, Suite 318, Doral, FL 33166

AMBR

Liberty Crest Holdings LLC
8200 NW 41st Street, Suite 318, Doral, FL 33166

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on the document's effective date on the Department of State's records.

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DEPARTMENT OF STATE
TALLAHASSEE, FL

ARTICLE VI: Other provisions, if any.

Purpose: Any and all lawful business.

REQUIRED SIGNATURE:

DocuSigned by:

Mitch Mangoni

ZBF77E0F5B8C46C...

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.

8/27/2024

Typed or printed name of signee

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)