

L99000005580

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Tison Financial, L.L.C.

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\*\*\*\*320.00 \*\*\*\*285.00

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W99-20081

Signature

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Name

Date

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS
- 99 SEP - 7 PM 1:37
- RECEIVED  
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TALLAHASSEE, FLORIDA
- 99 SEP 30 PM 1:18
- ☐ Art of Inc. File
  - ☐ LTD Partnership File
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  - ☒ L.C. File
  - ☐ Fictitious Name File
  - ☐ Trade/Service Mark
  - ☐ Merger File
  - ☐ Art. of Amend. File
  - ☐ RA Resignation
  - ☐ Dissolution / Withdrawal
  - ☐ Annual Report / Reinstatement
  - ☐ Cert. Copy
  - ☒ Photo Copy
  - ☐ Certificate of Good Standing
  - ☐ Certificate of Status
  - ☐ Certificate of Fictitious Name
  - ☐ Corp Record Search
  - ☐ Officer Search
  - ☐ Fictitious Search
  - ☐ Fictitious Owner Search
  - ☐ Vehicle Search
  - ☐ Driving Record
  - ☐ UCC 1 or 3 File
  - ☐ UCC 11 Search
  - ☐ UCC 11 Retrieval
  - ☐ Courier



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 3, 1999

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA STREET  
SUITE 1  
TALLAHASSEE, FL 32302

SUBJECT: TRICON FINANCIAL, LLC  
Ref. Number: W99000020081

We have received your document for TRICON FINANCIAL, LLC and your check(s) totaling \$320.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Affidavit must give an amount, even if zero for number 4, "not yet determined" is not acceptable.,

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) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 899A00043228

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 SEP -7 PM 1:37

**ARTICLES OF ORGANIZATION**  
**FOR**  
**TRICON FINANCIAL, L.L.C.**

**ARTICLE I**  
**NAME**

The name of the limited liability company shall be TRICON FINANCIAL SERVICES, L.L.C.

**Article II**  
**REGISTERED AGENT**

The name of the initial registered office of the Limited Liability Company is Capital Connections, Inc. The initial registered agent at such address is 417 E. Virginia Street, Suite 1 Tallahassee, FL 32301

**Article III**  
**PRINCIPAL OFFICE**

The address of the principal office of the Limited Liability Company is 965 W. Commercial Blvd., Ft. Lauderdale, FL 33309-3110.

**Article IV**  
**DURATION**

The Limited Liability Company's existence shall commence upon the acceptance of these Article of Organization by the Secretary of State of Florida for filing and shall continue for an indefinite period of time, unless sooner dissolved pursuant to the terms of its operating agreement, or as otherwise provided by law.

**Article V**  
**OPERATING AGREEMENT**

Any operating agreement entered into by the members of the Limited Liability Company, and any amendments or restatements thereof, shall be in writing. No oral agreement among any of the members or managers of the Limited Liability Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, any written operating agreement of the limited liability company in existence and as amended from time to time.

**Article VI**  
**MANAGEMENT**

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

Shaikha Al Maskari Hase  
1730 N.W. Valley View Drive  
Roseburg, OR 97470

Hakki H Gunguren  
1730 N.W. Valley View Drive  
Roseburg, OR 97470

Adel E. Ghazzawi  
1730 N.W. Valley View Drive  
Roseburg, OR 97470

Farah G. Ghazzawi  
1730 N.W. Valley View Drive  
Roseburg, OR 97470

Mary J. Sykes  
1730 N.W. Valley View Drive  
Roseburg, OR 97470

The business and affairs of the Limited Liability Company shall be governed by managers in the manner and subject to the limitations set forth in an operating agreement. The actions of a member, manager, or any other person acting in any capacity other than as a manager of the Limited Liability Company in accordance with the terms of its operating agreement shall not bind the Limited Liability Company.

Article VII  
ADMISSION


The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be set forth in the operating agreement.

Article VIII  
AFFIDAVIT OF CONTRIBUTION

The undersigned member of Tricon Financial Services, L.L.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) no cash has been contributed by the members;
- 3) no property has been contributed by the members; and
- 4) the total amount of cash and property contributed and anticipated to be contributed by the members zero.

In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Adel E. Ghazzawi, Organizing Member

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN  
THE STATE OF FLORIDA.

1. The name of the limited liability company is: TRICON FINANCIAL, L.L.C.

\_\_\_\_\_

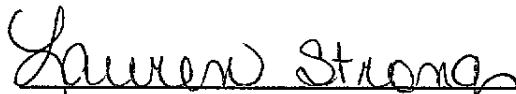
2. The name and the Florida street address of the registered agent are:

CAPITAL CONNECTION, INC.  
NAME

417 E. Virginia Street, Suite 1  
Florida street address (P. O. Box NOT ACCEPTABLE)

Tallahassee, FL 32301  
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.*

  
Client Representative SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**