

From:

Division of Corporations

12/27/2005 14:07:00 P. 001/004

FILED Page 1 of 1

2005 DEC 27 A 10:37

Florida Department of State

Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000292281 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : I20000000088
Phone : (800) 221-0102
Fax Number : (212) 564-6083

RECEIVED
05 DEC 27 PM 1:39
DIVISION OF CORPORATION

FOREIGN LIMITED LIABILITY COMPANY

Tricony CFC, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

AL

Electronic Filing Menu

Corporate Filing

Public Access Help

From:

12/27/2005 14:37 #001 P.002/004

Dec-27-05 12:22pm From-TRICONY FLORIDA CORP

5618327551

T-756 P.04/05 F-002

H050002922813

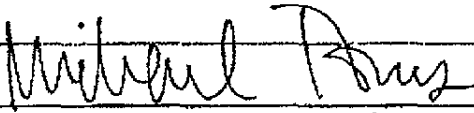
FILED
2005 DEC 27 A 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.505, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Tricony CFC, L.L.C.
(Name of Foreign Limited Liability Company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-3858860
(FEI number, if applicable)
4. 12/23/2005
(Date of Organization)
5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 313 1/2 Worth Avenue, Suite B-1
Palm Beach FL 33480
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here ☐
9. The name and usual business addresses of the managing members or managers are as follows:
Tricony Coral Springs, Ltd. 313 1/2 Worth Avenue, Suite B-1 Palm Beach FL 33480

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Own and operate real estate


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Michael Torres, authorized representative
Typed or printed name of signee

H050002922813

From:

12/27/2005 14:38 #001 P.003/004

Dec-27-05 12:22pm From-TRICONY FLORIDA CORP

5618927551

T-756 P.05/05

FILED

2005 DEC 27 A 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H050002922813

**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:

Tricony CFC, L.L.C.

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

Tricony Florida Corp.

(Name)

313 1/2 North Avenue, Suite B-1

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Falm Beach

33480

FL

City/State/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, Florida Statutes.



(Signature)

H050002922813

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

From:

12/27/2005 14:38 #001 P.004/004

H050002922813

Delaware

The First State

FILED

PAGE 1

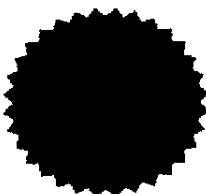
2005 DEC 27 A 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRICONY CFC, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRICONY CFC, L.L.C." WAS FORMED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4404255

DATE: 12-27-05

4083375 8300

051061546

H050002922813