

**MI700002339**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please\*\***

Email Address: managedreports@incorp.com

**Foreign Limited Liability Company  
TriCore Solutions, LLC**

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

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TriCore Solutions, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Jaycie Howard  
Name of Person  
InCorp Services, Inc.  
Firm/Company  
3773 Howard Hughes Pkwy · Suite 500s  
Address  
Las Vegas, NV 89169-6014  
City/State and Zip Code  
managedreports@incorp.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 MAR 20 A 11:38

FILED

For further information concerning this matter, please call:

Jaycie Howard on behalf of InCorp Services, Inc. at 800 246-2677  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

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

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    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TriCore Solutions, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Massachusetts

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 04-3472931

(FEI number, if applicable)

4. Upon Registration

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 141 Longwater Drive, Suite 100

Norwell, MA 02061

(Street Address of Principal Office)

6. 141 Longwater Drive, Suite 100

Norwell, MA 02061

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

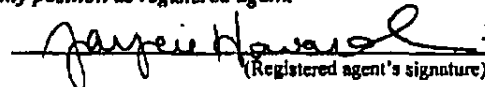
(City)

, Florida 33470

(Zip code)

## Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Jaycie Howard on behalf of InCorp Services, Inc.

(Registered agent's signature)


8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Arthur L Green - Managing Member - 141 Longwater Drive, Suite 100, Norwell, MA 02061

Robert W Forman - Managing Member - 141 Longwater Drive, Suite 100, Norwell, MA 02061

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



  
Signature of an authorized person

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.

Arthur L Green

Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02183*

January 25, 2017

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

**TRICORE SOLUTIONS, LLC**

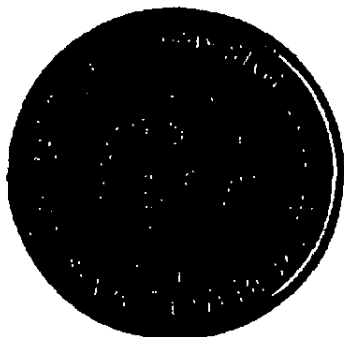
in accordance with the provisions of Massachusetts General Laws Chapter 156C on October 7, 1999,

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:  
**ARTHUR L GREEN, ROBERT W. FORMAN**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **ARTHUR L GREEN, ROBERT W. FORMAN**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **ARTHUR L GREEN, ROBERT W. FORMAN**



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*  
Secretary of the Commonwealth

Processed By:TAA

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