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Florida Department of State
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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
 Account Number : 120160000017
 Phone : (855) 498-5500
 Fax Number : (800) 432-3622

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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Email Address: _____

**Foreign Limited Liability Company
TRICON LOGISTICS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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

IN COMPLIANCE WITH SECTION 605.041, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

2. Texas (If a state 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.") 3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration. (See sections 605.041 & 605.0403, F.S. re domestic priority liability))

5. 701 Windsor Ct. (Street Address of Principal Office) Highland Village, TX 75077

6. 701 Windsor Ct. (Mailing Address) Highland Village, TX 75077

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

Name: Capitol Corporate Services, Inc. Office Address: 515 East Park Avenue 2nd Fl Tallahassee, Florida 32301

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.

Krista Abair, Assistant Secretary on behalf of Capitol Corporate 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:

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Row 1: Manager, Chris Condon, 701 Windsor Ct., Highland Village, TX 75077.

(Use attachments if necessary)

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)

10. 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.

Chris Condon (Signature of authorized person)

Chris Condon (Typed or printed name of signer)

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Rolando B. Pablos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for TriCon Logistics LLC (file number 803025478), a Domestic Limited Liability Company (LLC), was filed in this office on May 23, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 15, 2018.



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos
Secretary of State