

M23000009819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

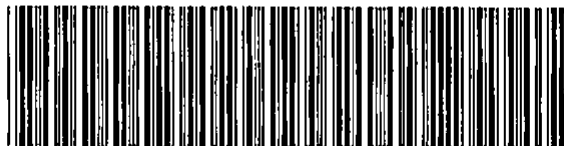
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUL 28 2023

K. Brumbley

**CORPORATE  
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**FOREIGN LLC**

**1.        TRI-STAR CONSTRUCTION GROUP, 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 #)

**SPECIAL  
INSTRUCTIONS:**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TRI-STAR CONSTRUCTION GROUP, 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:

ROBERT SALTSMAN

\_\_\_\_\_  
Name of Person

ROBERT P. SALTSMAN, P.A.

\_\_\_\_\_  
Firm/Company

P.O. BOX 2146

\_\_\_\_\_  
Address

WINTER PARK, FL 32790

\_\_\_\_\_  
City/State and Zip Code

JUDY@SALTSMANPA.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT SALTSMAN

407

6472899

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

THIS INSTRUMENT PREPARED BY  
AND SHOULD BE RETURNED TO:

Robert P. Saltsman, Esq.  
ROBERT P. SALTSMAN, P.A.  
222 S. Pennsylvania Avenue, Suite 200  
Post Office Box 2146  
Winter Park, FL 32790  
(407) 647-2899

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

AFFIDAVIT

STATE OF FLORIDA     )  
COUNTY OF ORANGE    )


BEFORE ME, the undersigned authority, authorized in the state and county aforesaid to take acknowledgments, personally appeared **HAROLD ADKINS** (hereinafter referred to as "Affiant"), who after being duly sworn, deposes and says:

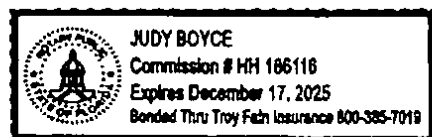
1. That Affiant is the Manager of Tri-Star Construction Group, LLC, a Florida limited liability company ("Company").
2. That Affiant says the Company has filed Articles of Dissolution effective July 26, 2023.
3. That Affiant says that the Company is releasing the name to allow the formation of the Foreign Florida limited liability company named Tri-Star Construction Group, LLC.

FURTHER AFFIANT SAYETH NAUGHT.

  
HAROLD ADKINS

SWORN TO AND SUBSCRIBED  
before me by means of ☒ physical presence or ☐ online notarization on this 28<sup>th</sup> day of July 2023, by **HAROLD ADKINS**, a/k/a **HAL ADKINS**, who is ☒ personally known to me or who has ☐ produced \_\_\_\_\_ as identification.

  
Notary Public, State of Florida



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. TRI-STAR CONSTRUCTION GROUP, 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. DELAWARE

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

3.

(FEI number, if applicable)

4. 07/27/2023

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 307 CRANES ROOST BLVD.

(Street Address of Principal Office)

6. 307 CRANES ROOST BLVD.

(Mailing Address)

ALTAMONTE SPRINGS, FL 32701

ALTAMONTE SPRINGS, FL 32701

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

Name: HAROLD ADKINS, VICE PRESIDENT

Office Address: 307 CRANES ROOST BLVD., SUITE 1010

ALTAMONTE SPRINGS, FL 32701

(City)

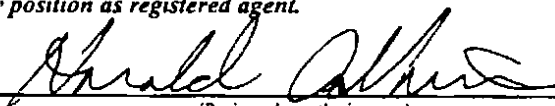
, Florida

32701

(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.



(Registered agent's signature)

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AND  
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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:**                      **Name and Address:**

☐ Manager              Name: MICHAEL TOLSON

☐ Member              Address: 307 CRANES ROOST BLVD.

☐ Authorized              SUITE 1010

ALTAMONTE SPRINGS, FL 32701

Person

☒ Other PRESIDENT                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager              Name: HAROLD ADKINS

☐ Member              Address: 307 CRANES ROOST BLVD.

☐ Authorized              SUITE 1010

ALTAMONTE SPRINGS, FL 32701

Person

☒ Other VICE PRES                      ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

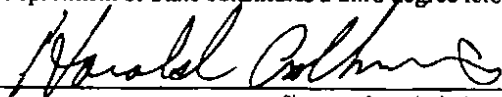
Person

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

  
\_\_\_\_\_  
Signature of an authorized person

HAROLD ADKINS, VICE PRESIDENT

\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRI-STAR CONSTRUCTION GROUP, LLC" 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 JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRI-STAR CONSTRUCTION GROUP, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7582569 8300

SR# 20233098956

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203838781

Date: 07-27-23