Requestor's Name Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) 3. (Corporation Name) (Document #) 4. (Corporation Nume) (Document #) Walk in Pick up time Certified Copy Will wait Photocopy Mail out Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment \$000001696788 -01/24/95--01051--007 *****70.00 *****70.00 Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Dissolution/Withdrawal **Domestication** Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION **Annual Report** CORRECT Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement DOC. EXAL Trademark Other

Examiner's Initials

ARTICLES OF INCORPORATION OF TRI-COUNTY LIMITED Inc.

FILED

96 JAN 24 MILLAR

SECRETARY OF STATE
TAULAHASSEF, IT ORIDA

ARTICLE I, NAME

The name of this corporation is TRI COUNTY LIMITED Inc.

ARTICLE IL DURATION

The period of its duration is perpetual.

ARTICLE III. PURPOSE

The purpose of which the Corporation is organized is the transaction of any and all lawful business for which a corporation may be incorporated under the Florida Business Corporation Act.

ARTICLE IV. SHARES

The aggregate number of shares that the corporation shall have authority to issue is 1,000,000 shares with a par value of \$1,00 each.

ARTICLE V CAPITALIZATION

The corporation will r business until it has received for the issuance of shares consideration DOLLARS (\$1,000.00), consistii business until it has received for the ONE THOUSAND AND NO/100 abor done, or property actually received.

ARTICLE VI. PRINCIPAL PLACE OF BUSINESS AND REGISTERED OFFICE AND AGENT

The adress of the principal office is 33 4th Street North suite 206 St. Petersburg, Florida 33701. The street adress of the registered office is 33 4th Street North suite 206, St. Petersburg, Florida 33701, and the name of it's initial registered agent at such address is Robert M. Gold.

ARTICLE VII. SHAREHOLDERS

The names and addresses of the individuals who are to be the shareholders of the Corporation are:

NAME ROBERT M. GOLD **ADDRESS**

Box 661-B10 Rt 1

High Springs, Florida 32643

FILED

ARTICLE VIII. DIRECTORS

96 JAN 24 ANTH 43

The number of directors constituting the initial Board of DiffeliarAils Frankflist name and address of the person who is to serve as the initial directbe (4.400.03) F. FLORIDA

NAME

ADDRESS

ROBERT M. GOLD

Box 661-B10 Rt 1

High Springs, Florida 32643

ARTICLE IX. INCORPORATORS

The name and address of the incorporator is:

NAME

ADDRESS

ROBERT M. GOLD

Box 661-B10 Rt I

High Springs, Florida 32643

IN WITNESS WHEREOF, I have hereunto set my hand this 24th day of January, 1996. Signature also accepts designation as Registered Agent.

ROBERT M. GOLD

INCORPORATOR / Registered Agent

STATE OF FLORIDA

COUNTY OF PINELLAS

BEFORE ME, the undersigned authority, on this day personally appeared ROBERT M. GOLD, known to me to be the person whose name is subscribed to the foregoing document and being by me duly sworn on his oath, declared that the statements therein contained are true and correct.

SWORN TO AND SUBSCRIBED before me on this 24th day of January, 1996, to certify which witness my hand and seal of office.

> Sexumentanian managaman Sexumentanian Sexume Sharon L. Potter
>
> Sharon L. Potter
>
> Notary Public, State of Florida
>
> Commission No. CC 42(210)
>
> My Commission Expires 1245 Notary Public, State of Florida
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> My Commission Expires 1245 Notary Public, State of Florida
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% 1-800-3-NOTARY - FLA Notary Service & Booding Co. Commission expires: 12-13:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

TRI COUNTY LIVINGED 1816. (must include suffix)	
2. The name and address of the registered agent and office is:	96 JAN 21 SECURITYS TALLARIES
Robert HI Cond (NAME)	TOTAL PLANTS
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	BH G
Sarrie Petershues FL 33701	

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Acceptance on page TWO	Jan	uary 24. 1996
(SIGNATURE)		(DATE)

P96000007355

— Box 661-8-10-Rt.1 Hick Springs Fla. 32643-	·	Robert Gold	F ** *** *** ** **** **** **** ****
	 .	BOX 661-8-10-R4.1	THE SALE RANGE & LANGE .
		Hick Springs Fla.	
	•	<u> </u>	***************************************

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

	1.			
		Corporation Name) (Document #)	·	
	2.	Corporation Name) (Document #)		
	3.	Corporation Name) (Document #)		~~
	4	Corporation Name) (Document #)		
	□ Walk in	☐ Pick up time ☐ Certified Copy	(s) 10	
	Mail out	Will wait Photocopy Certificate of Statu	96 AUG 23 Secretary	nage.
高 第	NEW FILINGS	AMENDMENTS * S	23 23	um isez narako il
	Profit	Amendment	유 ヱ ;	្ត ប្រជាជ្រ
	NonProfit	Resignation of R.A., Officer/ Director Change of Registered Agent	STA:	
	Limited Liability	Change of Registered Agent	7 9	

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

Domestication

Other

是 图 会 读	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Dissolution/Withdrawal

Merger

OFFICER DIRECTOR PEYLEN 8/29/96 Det

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

1, Robert M. Gold, hereby resign as 17	PESSENT
of TRI County Limited INC. (Name of Corporation)	(Title)
a corporation organized under the laws of the State of	
That the corporation has been notified in writing of the resignation.	95 AUG SECRE
(Signature of resigning officer/director)	23 PH 3: 39 SSEE FLORID

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314