Division of Corporations Electronic Filing Cover Sheet

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(((H160002850473)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Phone

Account Number : FCA000000023 : (614)280-3338

Fax Number

: (954)208-0845

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

Email Address:__

FOREIGN PROFIT/NONPROFIT CORPORATION TROV, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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NOV 2 1 2016

(12)

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: TROV,	INC.	,	
	Name of corporation	- must include suffix	
Dear Sir or Madam:			
"Certificate of Existen		Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.	
Please return all corres	pondence concerning this matter	to the following:	
Kari Kidwell			
	Name of 1	Person	
TROV, INC.			
	Firm/Com	pany	
347 Hartz Avenue			
	Addre	ess	
Danville, Ca 94526			
	City/State a	nd Zip code	
kari@trov.com			
	E-mail address: (to be used f	or future annual report notification)	
For further information	n concerning this matter, please c	all:	
Kari Kidwell 925		818-6872	
Name of Perso		Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL. 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for	the following amount:		
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & ☐ Certificate of Status	\$78.75 Filing Fee &	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607,1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

TROV, INC.				
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATIO	",אכ	
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)	
Delaware	3			
(State or countr	y under the law of which it is incorporated)	(FEI number, if	(FEI number, if applicable)	
03/15/2012	5			
	of incorporation)	. (Date of duration, if other	er than perpetual)	
347 Hartz Avenue	(SEE SECTIONS 607.1501 & 607.1 e, Danville, Ca 94526		iliuy)	
	(Princ	ipal office address)	. ; "	
	(Current mail	ing address, if different)	15 NOV	
Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	SSE SSE SSE SSE SSE SSE SSE SSE SSE SSE	
Name:	NRAI Services Inc.			
ffice Address:	1200 South Pine Island Road	and the same of the same	Constitution of the second of	
	Plantation	, Florida <u>33324</u>		
	(City)	(Zip code)		

9. Registered agent's acceptance:

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



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Scott Walchek	
Address: 347 Hartz Ave.	
Danville CA 94524	
Vice Chairman;	
Address:	
Director:	
Address:	
Director;	
Address:	
B. OFFICERS	• :
President: Sean O'Donoghue	75
Address: 135 W. 20th St., Suite 201	50
New York, NY 10011	\$50 60
Vice President: Kari Krakvell	7 3 77
Address: 347 Hartz Ave	0. C.
Denville, CA 94526	75
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	and/or directors.
12. Kari Klawell	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that are true and that he or she is aware that false information submitted in a document to the Departr a third degree felony as provided for in s.817.155, F.S.	the facts stated herein nent of State constitutes
13. Kari Kidwell, Vice President (Typed or printed name and capacity of person signing application)	

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TROV, INC." IS DULY INCORPORATED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE SECOND DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TROV, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF MARCH, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

5124882 8300 SR# 20166474338

SR# 20166474338
You may verify this certificate online at corp.delaware.gov/authver.shtml

Johnsy W. Bullack, Secretury of State

Authentication: 203271800

Date: 11-02-16