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For AAA  
[Signature]

NOV 07 2013

R. WHITE

FILED  
13 NOV -5 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRIGEN INSURANCE SOLUTIONS INC.

Name of Corporation

**DOCUMENT NUMBER:** F09000002770

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ALEXANDRA SANCHEZ**

Name of Contact Person

**TRIGEN INSURANCE SOLUTIONS, INC.**

Firm/Company

**315 SE MIZNER BLVD SUITE200**

Address

**BOCA RATON, FL 33432**

City/State and Zip Code

**ASANCHEZ@TRIGENGROUPINC.COM**

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

For further information concerning this matter, please call:

**ALEXANDRA SANCHEZ** at **(561) 257-0807**

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &  
Certified Copy

**Mailing Address:**

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

**Street Address:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2013

ALEXANDRA SANCHEZ  
TRIGEN INSURANCE SOLUTIONS INC  
315 SE MIZNER BLVD SUITE 200  
BOCA RATON, FL 33432

SUBJECT: TRIGEN INSURANCE SOLUTIONS, INC.  
Ref. Number: F09000002770

RECEIVED  
13 NOV - 5 PM 1:58  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

We have received your document for TRIGEN INSURANCE SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 813A00024744

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Trigen Insurance Solutions Inc.  
DOCUMENT NUMBER: F09000002770

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexandra Sanchez  
Name of Contact Person  
Trigen Insurance Solutions Inc.  
Firm/ Company  
315 SE Mizner Blvd #200  
Address  
Boca Raton, FL 33432  
City/ State and Zip Code  
asanchez@trigengroupinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandra Sanchez at ( 561 ) 257-0807  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

**Mailing Address**  
Amendment Section  
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Tallahassee, FL 32314

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Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

11/13/2013 13:31 850-245-5013

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONSAFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)  
AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:  
TRIGEN INSURANCE SOLUTIONS INC.
2. This entity was authorized to transact business in Florida on 7/10/09 and its Florida document number is FA0000002770
3. This corporation was formed under the laws of DELAWARE
4. The name and address of each officer and/or director is as follows:

Title:

CEOPresident/Sec.

Name and Address

CARLA BUSICK315 SE Mizner Blvd #200Boca Raton FL 33432William C Rhoden315 SE Mizner Blvd #200Boca Raton FL 33432Carla Busick

Signature of an officer or director

Carla Busick

Typed or printed name of person signing

CEO

Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:  
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314