F1200003420

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





100237665601

07/27/12--01027--018 **78.75

12 AUC 15 AM IO. 1.

Quality 12



TECSIVED.

12 AUG 16 AH 11: 82

eli, 1510版图序图870PATIOHS

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2012

RECEIVED
PATRIOT NATIONAL

AUG 0 3 2012

HEADQUARTERS FT LAUDERDALE FL

SHAWN MARTIN
PATRIOT NATIONAL INSURANCE GROUP, INC.
401 E LAS OLAS BLVD, STE 1650
FORT LAUDERDALE, FL 33301

SUBJECT: TRIGEN HOLDINGS GROUP, INC.

Ref. Number: W12000039840

We have received your document for TRIGEN HOLDINGS GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 012A00019833

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: TriGen Holdi	nas Group. Ind			
	Name of corporation -			
Dear Sir or Madam:				
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporation	ificate of Good Standi	ng" and check are subm		
Please return all correspondence co	ncerning this matter to	the following:		
Shawn Martin				
	Name of Pe	rson		
Patriot National Insura	nce Group, Ind) .		
	Firm/Compa	nny		
401 E. Las Olas Blvd.,	Ste. 1650			
	Address	1		
Fort Lauderdale, FL 33	301			
	City/State and	Zip code		
semartin@pnigroup.com				
E-mail a	ddress: (to be used for	future annual report no	otification)	
For further information concerning	this matter, please cal	l:		
Shawn Martin	at (954	670-2921		
Name of Person		de & Daytime Telepho	ne Number	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following	ng amount:			
		678.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &	

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.

·	ngs Group, Inc.				
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
,,	, ,, co, c. co.p.)				
(If name unavaila	ble in Florida, enter alternate corporate na	ımc	adopted for the purpose of transacting business in Florida	-	
Delaware		3.	45-5560013 (FEI number, if applicable)		
(State or country i	inder the law of which it is incorporated)		(FEI number, if applicable)	_	
6/8/2012		5.	Perpetual		
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	_	
N/A					
			n Florida, if prior to registration)	_	
404 E 1 aa 0			502, F.S., to determine penalty liability)		
401 E. Las O	as Blvd., Ste. 1650, Fort Laude			_	
404 🖺 🗠 👓	(Principal office		,		
401 E. Las O	as Blvd., Ste. 1650, Fort Lauder		·		
	(Current mailing	add	lress)		
Any and all la	wful business.				
(Purpose(s	of corporation authorized in home state of	or c	ountry to be carried out in state of Florida)	12	9
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		12 AUG	0.0		
Name:	Corporate Creations Network,	Inc	<u>c.</u>	16	•
Office Address:	11380 Prosperity Farms Rd. #	22	1E	4H 10: 41	
	Palm Beach Gardens		. Florida 33410	<u>ا</u> ۔	
	(City)		(Zip code)	4.	

10. 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.

Michael Reinhold, Vice President
(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Steven M. Mariano Address: 401 E. Las Olas Blvd., Ste. 1650 Fort Lauderdale, FL 33301 Vice Chairman: Address: Director: Theodore G. Bryant Address: 401 E. Las Olas Blvd., Ste. 1650 Fort Lauderdale, FL 33301 Director: Christopher L. Pizzo Address: 401 E. Las Olas Blvd., Ste. 1650 Fort Lauderdale, FL 33301 **B. OFFICERS** President: Steven M. Mariano Address: 401 E. Las Olas Blvd., Ste. 1650 Fort Lauderdale, FL 33301 Vice President: Kimberly Davis Address: 401 E. Las Olas Blvd., Ste. 1650 Fort Lauderdale, FL 33301 Secretary: Theodore G. Bryant Address: 401 E. Las Olas Blvd., Ste. 1650, Fort Lauderdale, FL 33301 Treasurer: Elvis R. Rivera Address: 401 E. Las Olas Blvd., Ste. 1650, Fort Lauderdale, FL 33301 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Theodore G. Bryant, Secretary

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "TRIGEN HOLDINGS GROUP, 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 SEVENTH DAY OF

AUGUST, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRIGEN
HOLDINGS GROUP, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF
JUNE, A.D. 2012.

SECRETARY OF STATE DIVISION OF CORPORATIONS

5171841 8300

120911734

)

Jeffrey W. Bullock, Secretary of:

AUTHENTY CATION: 9764227

DATE: 08-07-12

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