

# F12000003825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

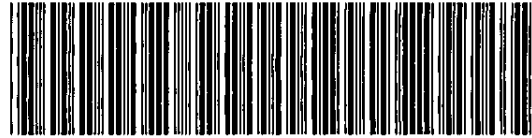
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/06/12--01028--002 \*\*70.00

SEP 17 2012  
12 SEP 17 PM 5:07  
TALLAHASSEE, FLORIDA

W12-36221

K 09/18/12



RECEIVED

12 SEP 17 AM 11:52

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2012

WILLIAM HOFFMAN  
9339 GENESEE AVE  
STE 130  
SAN DIEGO, CA 92121

SUBJECT: TRIGILD MANAGEMENT SERVICES INCORPORATED  
Ref. Number: W12000036221

We have received your document for TRIGILD MANAGEMENT SERVICES INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 512A00018371

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Trigild Management Services Incorporated

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Alexander Earl

Name of Person

Trigild

Firm/Company

9339 Genesee Ave., Suite 130

Address

San Diego, CA 92121

City/State and Zip code

alexander.earl@trigild.com

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

For further information concerning this matter, please call:

Alexander Earl

Name of Person

at ( 858 ) 242-1157

Area Code & Daytime Telephone 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 amount:

☐ \$70.00 Filing Fee

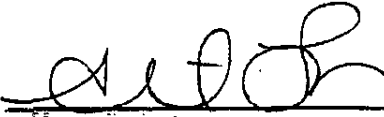
☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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.*

1. TRIGILD MANAGEMENT SERVICES, INCORPORATED  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
  
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 32-0357593  
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 11/2/2011 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 9339 Genesee Ave, Ste 130, San Diego CA 92121  
(Principal office address)  
9339 Genesee Ave, Ste 130 San Diego CA 92121  
(Current mailing address)
8. Management  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Registered Agent Solutions Inc.  
Office Address: 155 Office Plaza Dr, Suite A  
Tallahassee, Florida 32301  
(City) (Zip code)
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.*  
  
 Art Flores, Asst. Sec.  
(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.

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TALLAHASSEE, FLORIDA  
12 SEP 17 PM 5:07

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: William Hoffman

Address: 9339 Genesee Ave, Ste 130, San Diego CA 92121

Director: Judy Hoffman

Address: 9339 Genesee Ave, Ste 130, San Diego, CA 92121

**B. OFFICERS**

President: William Hoffman

Address: 9339 Genesee Ave, Ste 130, San Diego, CA 92121

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Judy Hoffman

Address: 9339 Genesee Ave, Ste 130, San Diego CA 92121

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. W. Hoffman

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. William Hoffman President

(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRIGILD MANAGEMENT SERVICES, INCORPORATED" 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 TENTH DAY OF SEPTEMBER, A.D. 2012.

12 SEP 17 PM 5:07  
TALLAHASSEE, FLORIDA

5060572 8300

121014673

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



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9834657

DATE: 09-10-12