

F140000003122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

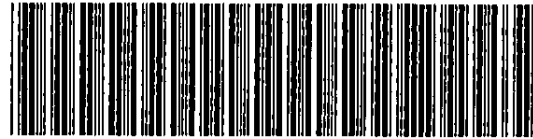
(Document Number)

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Special Instructions to Filing Officer:

WH-27264

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04/29/14--01009--003 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 21 PM 3:09

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AND
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WH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Trilogy Capital Partners, Inc.
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:

Alfonso Cervantes
Name of Person
Trilogy Capital Partners, Inc.
Firm/Company
1200 Brickell Avenue, Suite 1950
Address
Miami, Florida 33131
City/State and Zip code
AJ@TCDFC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfonso Cervantes at (305) 328-9441
Name of Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2014

ALFONSO CERVANTES ***2ND ML***
TRILOGY CAPITAL PARTNERS, INC.
1200 BRICKELL AVENUE, SUITE 1950
MIAMI, FL 33131

SUBJECT: TRILOGY CAPITAL PARTNERS, INCORPORATED
Ref. Number: W14000027264

We have received your document for TRILOGY CAPITAL PARTNERS, INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Please return the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 614A00009235

**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. **Trilogy Capital Partners, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Trilogy Capital Group, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **California**

(State or country under the law of which it is incorporated)

3. **41-2033354**

(FEI number, if applicable)

4. **3/19/2002**

(Date of incorporation)

5. **Perpetual**

(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. **1200 Brickell Avenue, Suite 1950, Miami FL 33131**

(Principal office address)

1200 Brickell Avenue, Suite 1950, Miami FL 33131

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Alfonso Cervantes**

Office Address: **1200 Brickell Avenue, Suite 1950**

Miami

(City)

, Florida **33131**

(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.

(Registered agent's signature)

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.

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TALLAHASSEE, FLORIDA

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AND
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11. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: Alfonso Cervantes

Address: 1200 Brickell Avenue, Suite 1950, Miami FL 33131

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: Alfonso Cervantes

Address: 1200 Brickell Avenue, Suite 1950, Miami FL 33131

Director: Alfonso Cervantes

Address: 1200 Brickell Avenue, Suite 1950, Miami FL 33131

Director: _____

Address: _____

B. OFFICERS

President: Alfonso Cervantes

Address: 1200 Brickell Avenue, Suite 1950, Miami FL 33131

Vice President: _____

Address: _____

Secretary: Alfonso Cervantes

Address: 1200 Brickell Avenue, Suite 1950, Miami FL 33131

Treasurer: _____

Address: _____

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

12. 

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.

13. Alfonso Cervantes

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

State of California
Secretary of State

CERTIFICATE OF STATUS

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

TRILOGY CAPITAL PARTNERS, INC.

FILE NUMBER: C2393699
FORMATION DATE: 03/21/2002
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of July 01, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State