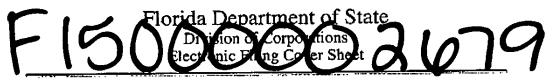
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL-INC

Account Number: 110432003053 Phone: (561)694-8107

Fax Number : (561)694-1639

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

Trigen Hospitality Group, Inc.

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Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

5 JUN 19 PM 2: 29

J. HARRIS

H15000151323

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

 Trigen Hospita 						
	orporation; must include "INCORPORATI lorp," "Inc," "Co," or "Corp.")	ED,"	" "COMPANY," "CORPORATION,"			
Of name unavail	able in Florids, enter alternate comprate na	ome :	adopted for the purpose of transacting busin	ess in Flo	rida)	
2, <u>Delaware</u>		_ 3	(FEI mumber, if applicable)			
(State or country	under the law of which it is incorporated)		(FEI mumber, it applicable)			
4. <u>June 11, 2015</u>		5.				
(Date	of incorporation)		(Duration: Year corp. will cease to exist o	r "p er petu	al")	
6.						
V	•		Florida, if prior to registration)			
	(SEE SECTIONS 607.1501 & 60	7.15	02, F.S., to determine penalty liability)			
7. 401 E. Las Ok	s Boulevard, Suite 1650 Fort Lauders	lale,	FL 33301			
•	(Principal office	addr	1995)	三三三	55	
401 E. Las Ola	as Boulevard, Suite 1650, Fort Lauderd	ale.	FI 33301		<u></u>	
144 21 844 916	(Current mailing			1 =		77
				- SS(4)	19	F
8. Risk Purchasir	na Group			:H <u>≤</u>	<u> </u>	
	s) of corporation authorized in home state of	OF CO	untry to be carried out in state of Florida)			
9. Name and stree	et address of Florida registered agent: ((P.O	. Box <u>NOT</u> acceptable)		8: 21	
Name:	Corporate Creations Network Inc.			3 >		
Office Address:	11380 Prosperity Farms Road #221	E				
	Palm Beach Gardens		, Florida <u>33410</u>		•	
	(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.

Lauren Vadney, Special Secretary

(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.

H15000151323

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

A. DIRE	CTORS			
Chairman:	Carla Busick			
Address: _	401 E. Las Olas Boulevard, Suite 1650		·	
	Fort Lauderdale FL 33301		···	_
Vice Chain	nan: Christopher Pesch			
Address: _	401 E. Las Olas Boulevard, Suite 1650			
	Fort Lauderdale FL 33301			_
Director: _	Steven M. Mariano		_	_
Address: _	401 E. Las Olas Boulevard, Suite 1650			
	Fort Lauderdale Ft. 33301			
Director: _				
Address: _				
		· · · · · · · · · · · · · · · · · · ·		
B. OFFI	CERS			
President;	Daniel M. Stango		 : -	
Address: _	401 E. Las Olas Boulevard, Suite 1650			
_	Fort Lauderdale FL 33301		ناري ناري	<u>.</u>
Asst. Secre	rary: Kim berly Davi s		<u>_</u>	
Address: _	401 E. Las Olas Boulevard. Suite 1650	100 Sept. 100 Se	32 T	<u> </u>
_	Fort Lauderdale FL 33301	<u> </u>		T!
Secretary:	Fran Sarmiento		<u> </u>	
Address:	401 E. Las Olas Boulevard, Sulte 1650. Fort Lauderdale FL 33301		21	
Treasurer:	Elvis Riyera		Y 10.	
Address:	401 E. Las Olas Boulevard, Suite 1650 , Fort Lauderdale FL 33301			
	f necessary, you may attach an addendum to the soplication listing additional offi	icers and/or directors	3.	
13	(Signature of Director or Officer listed in number 12 of the applicati	on)		
14 D	aniel M. Stango, President by Lauren Vadney as atto	•		
	(Transf or winted name and apposite of names picture analisation			

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRIGEN ROSPITALITY 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 NINETEENTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRIGEN HOSPITALITY GROUP, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

57**645**58 8300

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ion may verily this cortificate online at corp.delevere.gov/authver.ahtml

ADTHENTY CATION: 2482186

DATE: 06-19-15