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(City/State/Zip/Phone #)

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17 MAR 23 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 27 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2017

G. DARRELL RIGLEY
4600 TOUCHTON RD #1150
JACKSONVILLE, FL 32246

SUBJECT: TRIMARK FINANCIAL SOLUTIONS INC
Ref. Number: W17000022244

2017 MAR 23 PM 12:54
TALLAHASSEE, FLORIDA

We have received your document for TRIMARK FINANCIAL SOLUTIONS INC 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.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 517A00004985

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIMARK FINANCIAL SOLUTIONS 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:

G. DARRELL RIGLEY
Name of Person
TRIMARK FINANCIAL SOLUTIONS INC
Firm/Company
4600 TOUCHTON RD # 1150
Address
JACKSONVILLE FL 32246
City/State and Zip code
DARRELL@DMSFIX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARRELL RIGLEY at (561) 699 1730
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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. TRIMARK FINANCIAL SOLUTIONS INC
(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. WY 3. 45-5285246
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/11/12 5. _____
(Date of incorporation) (Date of duration, if other than 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. 4600 TOUCHTON RD # 1150
JACKSONVILLE FL 32246
(Principal office address)

12891 WINGED ELM DR N (Current mailing address, if different)
JACKSONVILLE FL 32246
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NAREN RIGLEY
Office Address: 12891 WINGED ELM DR N
JACKSONVILLE FL, Florida 32246
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: G. DARRAN RIGLEY

Address: 12891 WINGED ELM DR N

JACKSONVILLE FL 32246

Vice President: _____

Address: _____

Secretary: CYNTHIA RIGLEY

Address: 12891 WINGED ELM DR N

Treasurer: JACKSONVILLE FL 32246

Address: _____

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

12. [Signature]

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. G. DARRAN RIGLEY

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

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MAR 23 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

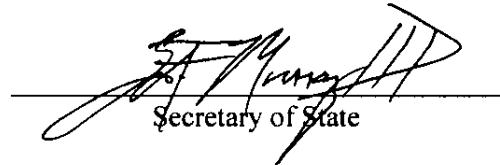
Trimark Financial Solutions Inc
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **May 11, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000622088**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 20th day of March, 2017 at 8:56 AM. This certificate is assigned 022538522.




Secretary of State

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17 MAR 23 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.