

F19000000278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

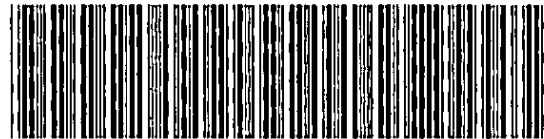
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

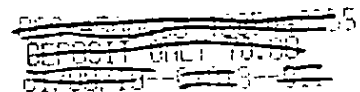
CC & CUS

Office Use Only



000322870960

F19-278



01/09/19--01013--012 **87.50

FILED
JAN 10 2019
PA 3:12

N. CAUSSEAU

JAN 16 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIGENT SOFTWARE 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:

CATHY CORMICAN

Name of Person

TRIGENT SOFTWARE INC

Firm/Company

2 WILLOW ST, SUITE 201

Address

SOUTH BOROUGH MA 01745

City/State and Zip code

CATHY_C@TRIGENT.COM

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

For further information concerning this matter, please call:

CATHY CORMICAN

Name of Person

at (508) 490.6051

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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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

Trigent Software 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)

1. MA 3. 04-3455459
(State or country under the law of which it is incorporated) (FEI number, if applicable)

2. 2/12/1999 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 1-2-2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2 Willow St #201, SOUTH BOROUGHS MA 01465
(Principal office address)

SAME
(Current mailing address, if different)

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

Name: Northwest Registered Agent, LLC.

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(City) (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.

Tom Glover Northwest Registered Agent, LLC.
Tom Glover - Assistant Secretary
(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: BHARAT KHATAU

Address: 79 PINE HILL RD, SOUTH BORDEN MA 01772

Vice President: _____

Address: _____

Secretary: BHARAT KHATAU

Address: 79 PINE HILL RD, SOUTH BORDEN MA 01772

Treasurer: BHARAT KHATAU

Address: 79 PINE HILL RD SOUTH BORDEN MA 01772

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

12. BHARAT KHATAU

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. BHARAT KHATAU - PRESIDENT

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

RECEIVED
STATE DEPT
JAN 3 1992
MA 01772



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02138

2019 JAN - 9 PM 3:12
SECRETARY OF THE
COMMONWEALTH

Date: January 03, 2019

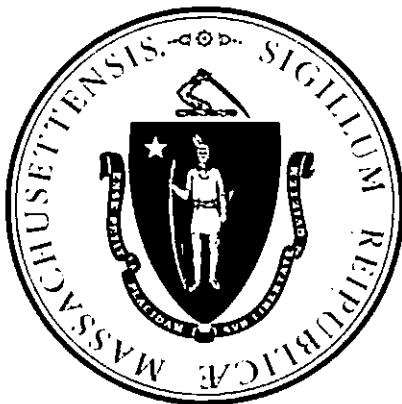
To Whom It May Concern :

I hereby certify that,

TRIGENT SOFTWARE INC.

appears by the records of this office to have been incorporated under the General Laws of this
Commonwealth on **February 12, 1999.**

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 19010066340

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: