

F19000003353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

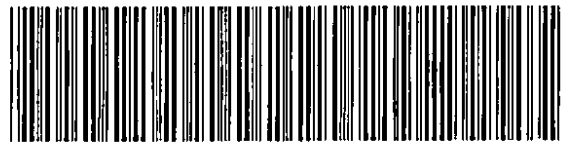
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10-24-19

Office Use Only



200335000572

RECEIVED
OCT 24 PM 4:54
FEB 24 2019

19 OCT 24 AM 10:46

OCT 28 2019
C McNAIR

cm

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

2019 OCT 24 PM 4:55
11/17/2019 11:14:55

REQUEST DATE 10/24/2019

PRIORITY Routine

OUR REF # (Order ID#) 778235

ORDER ENTITY
TRIDENT KEYS INC

PLEASE PERFORM THE FOLLOWING SERVICES:

TRIDENT KEYS INC (FL)

File the attached amendment

NOTES:

\$35.00 Authorized

Please honor the original date of submission as the file date, thanks!

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
TRIDENT KEYS INC
2. This entity was authorized to transact business in Florida on 7/19/2019 and its Florida document number is F19000003353
3. This corporation was formed under the laws of DELAWARE
4. The name and address of each officer and/or director is as follows:

Title:

PRESIDENT

Name and Address

DONALD SCHULTZ

15461 S. ROUNDTABLE RD.

DAVIE, FL 33331

(Attach additional pages if necessary)

Signature of an officer or director

DONALD SCHULTZ

Typed or printed name of person signing

PRESIDENT

Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314