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November 21, 2019

JILL HARRIS 6350 W. KL AVE KALAMAZOO, MI 49009 US

SUBJECT: TRIFOUND HOLDINGS INC.

enter en

Ref. Number: W19000102055

We have received your document for TRIFOUND HOLDINGS INC. 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 919A00023861

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COVER LETTER

TO: Registration Section Division of Corporations				
TriFound Holdings In	ic.			
SUBJECT:	Name of component	ian must inslu	do suffin	
	Name of corporat	ion - must inclu	ue sumx	
Dear Sir or Madam:				
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corporat	rtificate of Good S	tanding" and ch	eck are submitted	
Please return all correspondence of Jill Harris	concerning this ma	tter to the follov	ving:	
-	Name	of Person		
TriFound Holdings Inc.				
6350 W. KL Ave.	Firm/C	ompany	<u>.</u>	
	Δ,	dress		
Kalamazoo, MI 49009	A	CH Coo		
	City/Stat	e and Zip code		7.0
jharris@tritound.com				19
E-mail	address: (to be use	d for future and	ual report notific	2019 D (1) - 6
For further information concerning	g this matter, plea	se call:		
Jill Harris	269	269 743-8399		المناطقة الم
	at (స
Name of Person	Area C	ode Day	time Telephone ?	Number 🕳
STREET/COURIER AT Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301		Re Dir P.C	AILING ADDRE gistration Section vision of Corpora D. Box 6327 Hahassee, FL 323	tions
Enclosed is a check for the follow	ing amount:			
	75 Filing Fee & ifficate of Status	S78.75 Fili Certified C	ору	\$87.50 Filing Fee. Certificate of Status & Certified Copy

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. TriFound Holdings 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) Delaware 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) 06/03/2013 46-2897077 (Date of incorporation) (Date of duration, if other than perpetual) November 1, 2019 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 6350 W. KL Ave., Kalamazoo, MI 49009 (Principal office address) PO Box 439, Oshtemo, MI 49077 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT_acceptable) Gary Harris Name: 13450 Parker Commons Blvd., Stc. 101 Office Address: Fort Myers (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

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.

(Registered agent's signature)

duties, and I am familiar with and accept the obligations of my position as registered agent.

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

A. DIRECTORS	
Gary Harris Chairman:	
6350 W. KL Ave., Kalamazoo MI 49009 Address:	
Vice Chairman:	
Address:	
,	
	,
Director:	
Address:	

Director:	·
Address:	
	2016
B. OFFICERS	``
Gary Harris President:	
6350 W. KL Ave., Kalamazoo, MI 49009 Address:	<u> </u>
	بب
Vice President:	CO
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	and/or directors.
12.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that are true and that he or she is aware that false information submitted in a document to the Departm a third degree felony as provided for in s.817.155, F.S. Gary Harris 13.	
(Typed or printed name and canacity of person signing application)	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TRIFOUND HOLDINGS 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 FOURTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRIFOUND HOLDINGS INC." WAS INCORPORATED ON THE THIRD DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2019 D. 3 - 6 Pr. 3 DC



Authentication: 203925333

Date: 11-04-19