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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

STATE
TALLAHASSEE, FLORIDA

2020 FEB 19 PM 4:41

****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
TRINITY GLASS INTERNATIONAL, INC.

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

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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. Trinity Glass International, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Int.," "Co.," or "Corp.")
2. Washington 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/28/1993 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. ETA - 3/15/2020
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3145 Lakewood Ranch Blvd., Suite 102, Bradenton, FL 34211
(Principal office address)
- 33615 1st Way South, Federal Way, WA 98003
(Current mailing address, if different)

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

Name: C.T. Corporation System

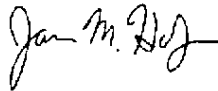
Office Address: 1200 South Pine Island Road

Plantation, 33324
(City) Florida (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.

C.T. Corporation System



By: _____

(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.

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

A. DIRECTORS

Chairman: Alex Lee ✓

Address: 33615 1st Way South, Federal Way, WA 98003

Vice Chairman: Chong So ✓

Address: 33615 1st Way South, Federal Way, WA 98003

Director:

Address:

Director:

Address:

B. OFFICERS

President: Alex Lee ✓

Address: 33615 1st Way South Federal Way, WA 98003

Vice President: Chong So ✓

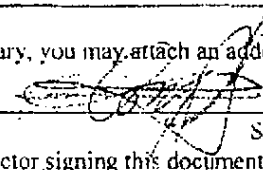
Address: 33615 1st Way South Federal Way, WA 98003

Secretary: Chong So ✓

Address: 33615 1st Way South Federal Way, WA 98003

Treasurer: James Ham

Address: 33615 1st Way South Federal Way, WA 98003

NOTE: If necessary, you may attach an addendum to the application listing additional officers 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 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. Chong S. So, Vice President and Secretary

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

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TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

TRINITY GLASS INTERNATIONAL, INC.

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OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/28/1993.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 02/18/2020
UBI Number: 601 440 232



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 02/18/2020