

F20000002181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

5/12/20
Mr. Keith
Gave permission to
use address on letter
from office

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

45



Tri-Star Solutions

1056 Green Acres #102-328

Eugene, OR 97408

<https://tristarsolutions.us>

President: Tariek Leith

tleith@tristarsolutions.us

866-931-3768 ext700



Solutions For An Uncertain World

April 22, 2020

To Whom it my concern,

As the owner of Tri-Star Solutions, INC. (Document # W20000038203) formerly Tri-Star Solutions, PLLC (Document #L15000164765), I am writing this letter to give my notice of the voluntarily desolation of Star Solutions, PLLC (Document # L15000164765).

Along with this letter you will find all documents for the application of Tri-Star Solutions, INC. to be registered as a foreign entity corporation in the State of Florida.

Respectfully

Tariel K Leith

President Tri-Star Solutions Inc formerly Tri-Star Solutions PLLC.

05/03/2020

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tri-Star 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:

Tariek Leith

Name of Person

Tri-Star Solutions, Inc.

Firm/Company

~~1625 Hamlet Lane~~

150 W 24th PL

Address

~~Eugene, Oregon 97402~~

Eugene OR 97405

City/State and Zip code

tleith@tristarsolutions.us

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

For further information concerning this matter, please call:

Tariek Leith

at (~~313~~ 966) 931-3768

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

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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. Tri-Star 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. Oregon 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 27, 2020 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. 4300 62nd Ct, Vero Beach, Florida 32967
(Principal office street address)

(Current mailing address, if different)

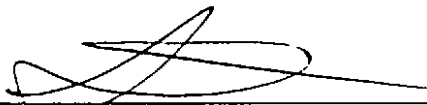
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Megan Gowe

Office Address: 4300 62nd Ct.
Vero Beach, Florida 32967
(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.



(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☒ President Tariek Leith
1056 Green Acres
☐ Vice President #102-328 Eugene, Jr.
☐ Secretary ☐ Treasurer 97408
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: 1056 Green Acres
☐ Director #102-328
☐ President Eugene, Jr 97408
☐ Vice President _____
☒ Secretary Anna Leith ☐ Treasurer
☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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TALLAHASSEE, FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Tariek Leith, President
(Typed or printed name and capacity of person signing application)

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 902V708M7

I, BEV CLARNO, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

TRI-STAR SOLUTIONS, INC.

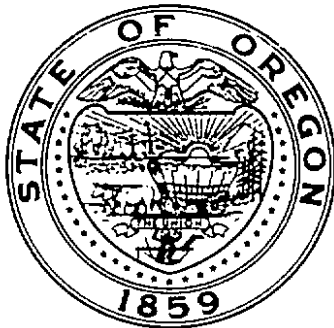
is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.



A handwritten signature in cursive script, reading "Bev Clarno".

BEV CLARNO, SECRETARY OF STATE

1/28/2020

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TALLAHASSEE, FLORIDA