F2100000 22-88

(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:			
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Triencon Services, Inc.		COLOR. ST. MARIOT CO. T. M. C.	Noo
	e of corporation	- must include suffix	
Dear Sir or Madam:			
	ite of Good Star	Authorization to Transact Business in Florading and check are submitted to register tess in Florida.	
Please return all correspondence conce	rning this matter	to the following:	
Kerrie Pineda			
	Name of	Person	
Triencon Services, Inc.			
	Firm/Con	npany	
1000 Post & Paddock Suite 200			
	Addr	ess	
Grand Prairie, TX 75050			•
	City/State a	nd Zip code	
kerrie.pineda@tsidata.com			
E-mail addr	ess: (to be used	for future annual report notification)	
For further information concerning this	matter, please o	call:	
Kerrie Pineda	817	e Daytime Telephone Number	
Name of Person	Area Cod	e Daytime Telephone Number	-
STREET/COURIER ADDRI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following a Please make check payable to: FLORIDA \$70.00 Filing Fee \$78.75 Fi Certificat	DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy Certified Copy Certified Co	of Status &

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.

Triencon Servic			
	orporation: must include "INCORPORATED orp," "Inc," "Co," or "Corp,")	," "COMPANY." "CORPORATION,"	
(If name unavaila		e adopted for the purpose of transacting business in Florida)	
Texas 3		05-0532680	
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4. 09/20/2002	5		
	of incorporation)	(Date of duration, if other than perpetual)	
6			
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
1000 Post & Pade	lock Suite 200, Grand Prairie, TX 75050	1302, F.S., to determine penalty hability)	
7		fice street address)	
	(i incipal of	nec street address;	
	(Current mail	ng address, if different)	
8. Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	Registered Agents Inc.		
Name.	7901 4th St N Suite 300		
Office Address:	7701 Tui SUN Sunc 2007		
	St. Petersburg	Florida	
	(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.

. . A. DIRECTORS Name: ______ Jeffrey M. Edwards William K. Soldat □ Chairman □ Chairman 1148 Whispering Glen 1406 E. Scandinavian Ct. □ Vice Chairman ☐ Vice Chairman Address: Address: Granbury, TX 76048 Rockwall, TX 75087 □ Director □Director □ President President ■ Vice President □ Vice President ☐ Secretary ☐Treasurer □ Secretary ☐Treasurer ☐Other _____ □Other ______ □Other _____ Name: _____ □ Chairman Name: _____ ☐ Chairman Address: □Vice Chairman Address: ______ □ Vice Chairman Director □ Director □ President □ President ☐ Vice President □Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ □Other ____ Name: Name: _____ ☐ Chairman □ Chairman Address: _____ □Vice Chairman Address: _______ □ Vice Chairman □Director □ Director □President □President □Vice President □ Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer □Other ____ □Other □Other _____ 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. Machine Digitally signed by Jeff Edwards Date 2020 03 18 14 5901 05:00 Signature of Director or Officer

The officer or director signing this document (and who is fisted 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.

Jeffrey M. Edwards, President

. . .

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Ruth R. Hughs Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for TriEnCon Services, Inc. (file number 800125318), a Domestic For-Profit Corporation, was filed in this office on September 20, 2002.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 22, 2021.

HECENAS

Ruth R. Hughs Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB