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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

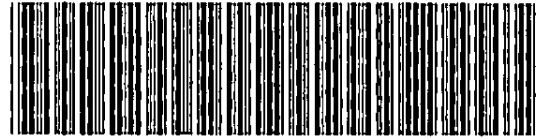
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAY 10 PM 2:25

S. FRANKLIN
MAY 26 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trince Insurance Company Limited Corp.
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:

Georgio L. Ramirez, Esq.
Name of Person
Georgio L. Ramirez, P.A.
Firm/Company
7300 N. Kendall Dr., Suite 520
Address
Miami, FL 33156
City/State and Zip code
georgio.kim@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Georgio L. Ramirez at (305) 215-7508
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

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. Trinre Insurance Company Limited Corp.
(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. Trinidad and Tobago 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 1, 1999 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. 730 NW 107 Avenue, Suite 120, Miami, FL 33172
(Principal office street address)

(Current mailing address, if different)

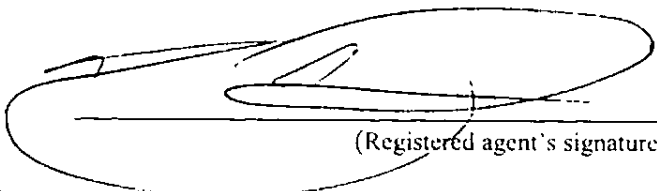
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Guillermo L. Ramirez, Esq.

Office Address: 7300 N. Kendall Dr., Suite 520
Miami, Florida 33156
(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]:

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A. DIRECTORS

☐ Chairman Name: Sean Ayang
☐ Vice Chairman Address: 69-71 Edward Street
☐ Director Port of Spain
☐ President Trinidad 100932
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other CEO ☐ 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 _____

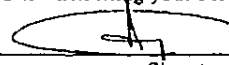
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

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☐ 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 _____

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. X  _____
 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. Sean Ayang, CEO _____
 (Typed or printed name and capacity of person signing application)



REGISTRAR OF COMPANIES

Government Campus Plaza, Cor. London & Richmond Streets,
Port of Spain, Republic of Trinidad and Tobago
Tel: 1-868-223-2452 & Fax: 1-868-226-5140
Website: www.agla.gov.tt

THE COMPANIES ACT CH 81:01 CERTIFICATE OF GOOD STANDING

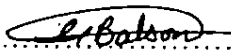
Company No: **T 7582 (C)**
Company Name: **TRINRE INSURANCE COMPANY LIMITED formerly
REINSURANCE COMPANY OF TRINIDAD AND TOBAGO
LIMITED**

I HEREBY CERTIFY THAT:

1. The above-named Company, whose registered office is situated at **#69 Edward Street, Port of Spain**, was continued on the **01st day of April, 1999**, under the provisions of the Companies Act of the Laws of the Republic of Trinidad and Tobago.
2. The name of the Company is still on the Register of Companies at this time.
3. The Company has not submitted to me any articles of merger, consolidation or arrangement that have become effective.
4. No documents have been filed with me relating to the winding-up or dissolution of the Company or the appointment of a receiver or liquidator of any of its assets.
5. No notice has been served by me on the Company of my intention to strike off its name from the Register of Companies.

AND I FURTHER CERTIFY THAT as far as is evidenced by the documents filed the Company has furnished all documents required to be filed with me under the provisions of the Companies Act and is in good standing.

Dated this **15th** day of **February, 2022**.


// REGISTRAR OF COMPANIES

