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S. FRANKLIN SFP 1 5 2022

COVER LETTER

_	on Section of Corporations	,	
SUBJECT:	TYENCH COMY Name of Corporation	- must include suffix	
Dear Sir or Madar	n:		
Affairs in Florida'	plication by:Foreign:Nötrfor:Profits6', "Certificate of Existence", or "Cer referenced not for profit corporation	tificate of Status" and che	eck are submitted to
Please return all c	orrespondence concerning this matte	er to the following:	~2
_	Pamela A	Jordan Person	7022 : 12
_	Trench Co	omm. inc	F:
_	P.O.B. 3	10	7: 26
_	CAPTIVA Addr	ess	
_	City/State and	33924 TZip Code	
_	trench comm. i. E-mail address: (to be used for fu	ne a G M ture annual report notifica	Gilican
For further inform	nation concerning this matter, please	call:	
Panela	ame of Person at (A	rea Code Daytime Tel	-1313 ephone Number
<u>Mailing A</u> Registrat	ddress: ion Section	Street Address: Registration Section	
Division	Division of Corporations Division of Corporations		
P.O. Box		The Centre of Tallahassee	
Tallahass	see, FL 32314	2415 N. Monroe Str Tallahassee, FL 323	
Enclosed is a chec	ck for the following amount:		
Please make check	payable to: FLORIDA DEPARTMEN		Deograpit r
\$70.00 Filing I	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 EQREIGN:NOT:EOR:PROFFE CORPORATION:FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New Tensey United States 84-176935 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5-15-2019 (Date of Incorporation) 5. (Date of duration, if other than perpetual)
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determine penalty liability.)
7. 3129 Tennis villas Caphua F1 33924 (Principal office street address)
Pob 340 Captur Fl 33924
8. Underground Cable Construction (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Penela A Jordan Office Address: 3129 Tennis VIIIas Captia , Florida 33924 (City) (Zip Code)
Caphya , Florida 550 87 (Zip Code)
10. 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)

11. Attached is a certificate of existence duly authemicated, 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.

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

A. DIRECTOR	s De sola A Tordan				
□ Chairman	Name: Pamela A Jordan		Name:		
□Vice Chairman	Address: 3129 Tenny UNIA	□Vice Chairman	Address:		
Director		□Director			
President	· · · · · · · · · · · · · · · · · · ·	□President	<u></u>		
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer		
□Other:	Other:	Other:	Other:		
□Chairman	Name:	Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President	2622		
□Secretary	□Treasurer	☐ Secretary	☐Treasurer		
□Other:	Other:	□Other:	□Other:		
			3; 		
□ Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		Director			
□President		□President			
□Vice President		☐Vice President			
Secretary	□Treasurer	□Secretary	□Treasurer		
□Other:	☐ Other:	□Other:	Other:		
NOTE: 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. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)					
14. Tomer A Jordan President (Typed or printed name and capacity of person signing application)					

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

TRENCH COMM. INC. 0450380936

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on May 15, 2019.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2022

I further certify that the registered agent and office are:

PAMELA A. JORDAN 515 LONGSTREET AVE. BRIELLE, NJ 08730



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 6th day of September, 2022

Elizabeth Maher Muoio State Treasurer

den of Mun

Certificate Number: 6135506930

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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