F2300000082

(Re	questor's Name)	
(Ád	dress)	
(Ad	cress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
ed Copies	Certificates of Status	
t half instructions to Filin	ng Officer:	

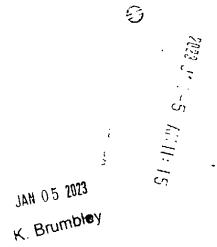
Office Use Only



400399745854

2023 JAN -5 PM 4: 24

APPROVED



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 306861 8300088

AUTHORIZATION : MILLE

COST LIMIT : \$\frac{1}{7}8-75

ORDER DATE: January 4, 2023

ORDER TIME : 9:13 AM

ORDER NO. : 306861-005

CUSTOMER NO: 8300088

FOREIGN FILINGS

NAME: TRIDENT FC INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO:	Regis Divisi	tration S on of Co	ection opporations				
SUBJ	ECT:	Trident l					
			Name	of corporati	on - mu	st include suffix	
Dear S	Sir or M	adam:					
		CVIDICIL	tion by Foreign C ce," or "Certificat gn corporation to	COLUMNA NE	andino'	and check are en-	act Business in Florida," bmitted to register the
Please Jill Nev	return a wman	ll corres	pondence concerr	ing this matt	er to the	e following:	
				Name o	f Perso	3	
617 For	rtinbras (Drive		Firm/Co	mpany		
				Add	ress		
McKini	ney, Tex	as 75071					
jnewma	ம@j3co _!	porate.co	m	City/State	and Zip	code	
	_		E-mail address	s: (to be used	for fun	ire annual report	notification)
For fur	ther info	rmation	concerning this n			Teport	dottiteation)
Jill Newman 861		at (561	654	1-0969			
	Name	of Perso	n	Area Coo	ie	Daytime Telep	phone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		ı	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Section orporations 7		
lease m	d is a ch ake chec)0 Filing	k payable	he following amo to: FLORIDA DE 578.75 Filing	PARTMENT		ATE 5 Filing Fee &	□ \$87.50 Filing Fee,
			Certificate o			fied Copy	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.

"Inc.," "Co.," "(corporation; must include "INCORPORATED," Corp." "Inc," "Co," or "Corp.")			
(If name unavail	able in Florida, enter alternat			_
. New York	able in Florida, enter alternate corporate name ac			
2. (State or court	7y under the law of which it is incorporated)			
nmod to sized	ry under the law of which it is incorporated)	(FEI number, if appli	cable)	_
4. November 8, 20				
(Date 6.	of incorporation) 5	(Date of duration, if other tha	л регрециаі)	-
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability)		-
77	Suite 1700 Mary Vaule No., 17 1 10110			
	(Principal office	s <u>street</u> address)	2023 J\\\ \[\begin{array}{cccccccccccccccccccccccccccccccccccc	
	,	address, if different)	· :- 1	
Name and stree	et address of Florida registered agent; (P.O. I	Box NOT acceptable)		
Name:	Corporation Service Company	-	PH 4: 21	(_)
Office Address:	1201 Hays St		··· 2	
	Tallahassee	, Florida	*	
	(City)	(Zip code)		
urther agree to co	nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmen imply with the provisions of all statutes rela with and accept the obligations of my positi	nt as registered agent and agree to tive to the proper and complete -		

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS				
□ Chairman	John Garcia Name:	□ Chairman	Name:	
□Vice Chairman	Address: 500 5th Avenue, Suite 1700	□Vice Chairman		
Director	New York, New York 10110	Director		
President		□ President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	☐ Secretary	 	☐Treasurer
□Other	Other	□ Other		□ Other
□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
□Director		□ Director		
□President		□ President .		
☐ Vice President		□Vice President		
Secretary	☐Treasurer	☐ Secretary		☐Treasurer
□ Other		COther		□Other
□ Chairman	Name:	□Chairman ?	Name:	
□Vice Chairman	Address:			
□Director _		□Director		
□President _		□ President _		
□Vice President _		□Vice President		
Secretary	☐Treasurer	Secretary		☐Treasurer
□Other	Other	Other		Other
Important Notice: Us individuals may be as	de an anathrment to report more than six (6). The	unent of State Annual Repo	for reporting port form.	purposes only. Non-indexed
The officer or directo she is aware that falso s.817.155, F.S.	Signature of Direct r signing this document (and who is listed in nur e information submitted in a document to the De	nhar II ahoval aff ak-a	the facts state a third degre	ed herein are true and that he or see felony as provided for in
13. John Garda	CEO		<u></u>	
	(Typed or printed name and capacity of p	erson signing application)		

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: TRIDENT FC INC.

DOS 1D Number: 6322685

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 11/08/2021

Statement Status: CURRENT Statement Due Date: 11/30/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 19, 2022 at 11:18 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heyles

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100002662556 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov