

F24000002455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

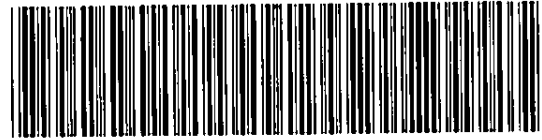
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 MAY 8 PM 3:27

FALLAHASSEE, FLORIDA

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RECEIVED

MAY 08 2024  
K. Brumbley

MS

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

incserv

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 5/8/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1252672

**ORDER ENTITY**

TRIWEND INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

TRIWEND INC. (FL)

File the attached foreign qualification document

**NOTES:**

\$70.00 Authorized

Email address for annual report reminders: [radiv@incserv.com](mailto:radiv@incserv.com)

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results

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. TRIWIND INC
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

2. NEW YORK (State or country under the law of which it is incorporated)
3. 88-341786-1 (FEI number, if applicable)

4. 6-27-2022 (Date of incorporation)
5. PERPETUAL (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. 41 TAMARACK LANE, SCHENECTADY, NY 12309
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: INCORPORATING SERVICES, LTD
Office Address: 1540 GLENWAY DRIVE
TALLAHASSEE, Florida 32301
(City) (Zip code)

2024 MAY -8 PM 3:27

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 internal indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total)

**A. DIRECTORS**

Chairman Name LEELA RALLAPALLI  
 Vice Chairman Address 41 LAMARACK LANE  
SCHENECTADY, NY 12309  
 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 \_\_\_\_\_

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 \_\_\_\_\_

**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 \_\_\_\_\_ *leela rallapalli* \_\_\_\_\_  
 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 §817.155, F.S.

13 LEELA RALLAPALLI, PRESIDENT \_\_\_\_\_  
 (Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, BRENDAN C. HUGHES, Acting 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: TRIWEND INC.  
DOS ID Number: 6521334  
Entity Type: DOMESTIC BUSINESS CORPORATION  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 06/27/2022  
Statement Status: CURRENT  
Statement Due Date: 06/30/2024

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 May 08, 2024 at 12:13 P.M.

BRENDAN C. HUGHES, Acting Secretary of State

Authentication Number: 100005698491 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <http://corp.dos.ny.gov>