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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: TRIBOND, LLC (Name of Limited Liability Company)				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida				
Please return all correspondence concerning this matter to the following:				
RAINA HARRISON				
(Name of Person)				
TRIBOND				
(Firm/Company)				
1239 CABOT'S DRIVE				
(Address)				
AUBURN GA 30011				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
RAINA HARRISON at (678) 687-9824 (Name of Person) (Area Code & Daytime Telephone Number)				
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount: State				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;
1	TRIBONDILC
1	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
cons	ame unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written ent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability pany," "L.L.C.," "LLC.")
2.	GEORGIA arrisdiction under the law of which foreign limited liability 3. 26-1653050 (FEI number, if applicable)
(Ji co	urisdiction under the law of which foreign limited liability (FEI number, if applicable) mpany is organized)
4	1-11-2008 5. PERPETUAL (Date of Organization) (Duration: Year limited liability company will cease to
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6	(Date first transacted business in Florids, if prior to registration.)
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7	1239 CABOTS DRIVE FRE
	1239 CABOTS DRIVE AUBURN GA 30011 (Street Address of Principal Office) f limited liability company is a manager-managed company, check here
_	(Street Address of Principal Office)
8. I	f limited liability company is a manager-managed company, check here
у. 1	The name and usual business addresses of the managing members or managers are as follows:
-	RAINA HARRISON 1239 CABOTS DR AUBURN GA 3001)
_	LESLIE PALMER 1629 CLAY RD MABLETON GA 30100
-	
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
_	risdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a lation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida:
_	JANITORIAL SERVICES
;;;	JANITORIAL SERVICES.
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	RAINA N HARRISON
	Typed or printed name of signee

___CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
TRIBOND, LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
InCorp Services, Inc.	SECRETA SECRETA
17888 67th COURT NORTH	克克 4 第一
Loxahatchee FL 33470	PM 2: 25 RY OF STATE SSEE FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

S. Lilian behalf of theory Sewice Sighe

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Control No. 08009486

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

TRIBOND, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 01/11/2008 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 29th day of April, 2008

Karen C Handel Secretary of State

Haun C. Handel

Certification Number: 2874645-1 Reference: FL Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp