Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

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Fax Number

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Foreign Limited Liability Company Trifecta Distributors, LLC

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Corporate Filing Menu

J. BRYAN

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JUN 28 2011

https://efile.sunbiz.org/scripts/efilcovr.exe

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COVER LETTER

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For furth	er information concern	ing this matter, please call:		epon non	nearon)			
	Bari	bara Dang	at (323)	962-8600			
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] !]	MAILING ADDRES: Division of Corporatio Registration Section P.O. Box 6327 Tallahassee, FL 32314	ns Divis Regis Clifto 2661	EET ADDRESS: tion of Corporations stration Section on Building Executive Center Cir hassee, FL 32301	rcle				
Enclose	d is a check for the	following amount:						
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		g Fee & ed Copy	\$160.00 Filing F			

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

TRIFECTA DISTRIBUTORS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Nevada (Jurisdiction under the law of which foreign limited liability company is organized) 3/22/2011 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1455 SW 4th Ave., Delray Beach, FL 33444 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: Ridged Systems, LLC, 1455 SW 4th Ave., Delray Beach, FL 33444 American Solar Energy, LLC, 5109 Meadows End, Lakeland, FL 33810 SunCool Energy Company, 3832 SE Jefferson St., Stuart, FL 34997 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

David Reidy

11. Nature of business or purposes to be conducted or promoted in Florida: ___

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.)

Wholesale

David Reidy, member, on behalf of Ridged Systems, LLC
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:
TRIFECTA DISTRIBUTORS, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
David Reldy OF ~
(Name)
3832 SE Jefferson Street
Stuart FL 34997 City/State/Zip
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. (Signature) David Reidy

Filing Fee for Application Designation of Registered Agent

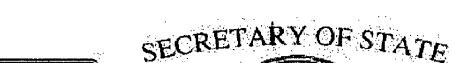
Certified Copy (optional)

Certificate of Status (optional)

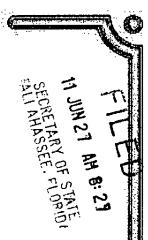
\$ 100.00

\$ 25.00

\$ 30.00 \$ 5.00







CERTIFICATE OF EXISTENCE (INCLUDING AMENDMENTS)

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, TRIFECTA DISTRIBUTORS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 22, 2011, and is in good standing in this state.

I further certify, that the above limited liability company has Articles of Organization and no amendments on file in this office as of the date of this certificate.

OCT.

Electronic Certificate
Certificate Number: C20110624-1712
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 24, 2011.

ROSS MILLER Secretary of State