M14000002100

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Eip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
MAR 2 8 2014
A, LUNT
W14-237

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ON THE SESSION OF SELECTION OF

2014 MAR 21 PM 204



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 2, 2014

ELIZABETH SUNDBURG 3922 E. KILGORE RD PORTAGE, MI 49002

SUBJECT: TRIFOUND FINANCIAL LLC

Ref. Number: W1400000237



We have received your document for TRIFOUND FINANCIAL LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt Regulatory Specialist II

Letter Number: 414A00000098



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2014

ELIZABETH SUNDBURG 3922 E. KILGORE RD PORTAGE, MI 49002

SUBJECT: TRIFOUND FINANCIAL LLC

Ref. Number: W14000000237

We have received your document for TRIFOUND FINANCIAL LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt Regulatory Specialist II

Letter Number: 114A00005628

COVER LETTER

TO:

Registration Section Division of Corporations

TriFound Financial LLC

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Fl

Please return all correspondence concerning this matter to the following:

Gary Harris
Name of Person
TriFound Financial LLC
Firm/Company
6350 W KL Avenue
Address
Kalamazoo, MI 49009
City/State and Zip Code
harris@trifound.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Sundburg

.,616

723-8573

Name of Contact Person

rea Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TriFound Financial LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.	")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name mu Liability Company," "L.L.C," or "LLC.")	st include "I	Limited
2. Financial Services Michigan 3. 90-1000627		
(Jurisdiction under the law of which foreign limited liability) (FEI number, if applicable) company is organized)	74°C	7 011
4.	<u> </u>	2014 MAR
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	75 E.	~ 2 2 22
1880 N Congress Avenue, Suite 314	SSEC.	
	F.S.	子
Boynton Beach, FL 33426	<u> </u>	_ p 2
(Street Address of Principal Office) 6. 6350 W KL Avenue	흕세	es -
6. 0000 TV TXL 7. VOII de		_
Kalamazoo, MI 49009		
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who has/have authority to manage	is/are:	
Elizabeth Sundburg, Marketing Director		
6350 W KL Avenue		,
Kalamazaa MI 40000		
Kalamazoo, MI 49009		
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated having custody of records in the jurisdiction under the law of which it is organized. (A photoc acceptable. If the certificate is in a foreign language, a translation of the certificate under oath must be submitted)	opy is no	t
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Elizabeth Sundburg	facts stated h s.817.155, F.	erein are true. S.)
Typed or printed name of signce		

2014 MAR 21 PM 2-1

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

. The name of the Limited Liability Company is:	
TriFound Financial LLC	
f unavailable, the alternate to be used in the state of Florida is: TriFound LLC	
e. The name and the Florida street address of the registered agent and office are	:
(Name)	••
1880 N. Congress Avenue, Suite 3	14
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Boynton Beach FL 33426	
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 605, Florida Statutes.

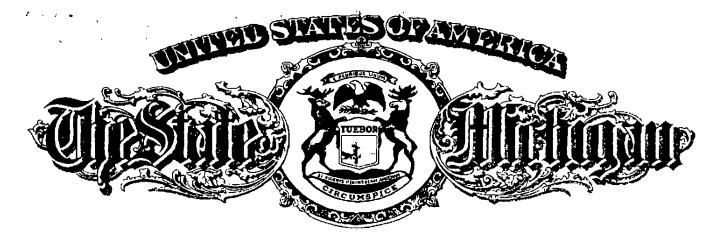
(Signature)

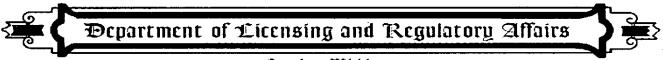
\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)





Lansing, Michigan

This is to Certify That

TRIFOUND FINANCIAL LLC

was validly organized on June 14, 2013 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 12th day of December, 2013

Alan J. Schefke, Director

Corporations, Securities & Commercial Licensing Bureau