

M14000006425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

M14-54233

Office Use Only



900263700329

09/04/14--01008--028 **1368.75

RECEIVED
DEPARTMENT OF STATE
14 SEP -4 PM 1:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2014 SEP -5 AM 10:08

FILED

SEP 10 2014
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RE-SUBMIT

September 5, 2014

CT
CONNIE BRYAN

Please retain original filing
date of submission 9/5

SUBJECT: TRIDENT ASSET MANAGEMENT, L.L.C. / TRIDENT ASSET, L.L.C.
Ref. Number: W14000054233

We have received your document for TRIDENT ASSET MANAGEMENT, L.L.C. / TRIDENT ASSET, L.L.C. and your check(s) totaling \$1368.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L09000102231, L09000007347.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 014A00018976

2014 SEP -5 AM 10:08

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RECEIVED
DEPARTMENT OF STATE
14 SEP -9 AM 11:15



September 4, 2014

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9264717 SO
Customer Reference 1: 163630
Customer Reference 2: TK

Dear Department of State, Florida :

Please obtain the following:

TRIDENT ASSET MANAGEMENT, L.L.C. (GA)
Registration *dibla Trident Asset, L.L.C.*
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

FILED
2014 SEP - 5 AM 10: 08
CLERK OF STATE
TALLAHASSEE FLORIDA

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

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

1. TRIDENT ASSET MANAGEMENT, L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Trident AM, L.L.C.

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. GEORGIA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-1604369

(FEI number, if applicable)

4. 09/17/2008

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 53 PERIMETER CENTER EAST, SUITE 440

ATLANTA, GA 30346

(Street Address of Principal Office)

6. 53 PERIMETER CENTER EAST, SUITE 440

ATLANTA, GA 30346

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

ANURAG SETT - CEO

53 PERIMETER CENTER EAST, SUITE 440

ATLANTA, GA 30346

8. 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)

Anurag Sett

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 facts stated herein are true and aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ANURAG SETT

Typed or printed name of signee

2014 SEP - 5 AM 10: 08

FILED

**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.

1. The name of the Limited Liability Company is:

TRIDENT ASSET MANAGEMENT, L.L.C.

If unavailable, the alternate to be used in the state of Florida is:

TRIDENT AM, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

NRAI SERVICES, INC.

(Name)

1200 SOUTH PINE ISLAND ROAD

Florida Street Address (P.O. Box NOT ACCEPTABLE)

PLANTATION

FL 33324

City/State/Zip

SECRETARY OF STATE
TREASURY SECTION
FLORIDA

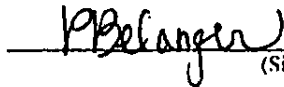
2014 SEP - 5 AM 10: 08

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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.

Patricia Belanger,

Assistant Secretary



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 07101473
DATE INC/AUTH/FILED : December 16, 2007
JURISDICTION : Georgia
PRINT DATE : September 03, 2014

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

TRIDENT ASSET MANAGEMENT, L.L.C.
A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. 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.



A handwritten signature in black ink, appearing to read "B: P. Kemp".

Brian P. Kemp
Secretary of State