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SECRETARY OF STATE

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Trigate Enterprises, 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:

Patrick Neale
Name of Person
Patrick Neale & Associates
Firm/Company
5470 Bryson Court, Suite 103
Address
Naples, FL 34109
City/State and Zip Code
pneale@patrickneale.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Neale

..239

642-1485

Name of Contact Person

Area 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. Trigate Enterprises, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability")	Company," "L.L.C.," o	or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Liability Company," "L.L.C," or "LLC.")	Florida. The alternate n	ame must in	clude 'Limiteo
Delaware 3, 47-3688961			
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applic	cable)	
4			
(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine per	gistration.) nalty liability)		
_{5.} 1447 Palma Blanca Court	7	202	
Naples, FL 34119	1 mm.		
(Street Address of Principal Office) 6 1447 Palma Blanca Court	رم. رم: ربار	29 184	
0		· · · · · ·	=
Naples, FL 34119 (Mailing Address)	<u>S</u>		
7. The name, title or capacity and address of the person(s) who has/h	> -	55	are:
Anthony Fortino, Manager			
1447 Palma Blanca Court			
Naples, FL 34119			
8. Attached is an original certificate of existence, no more than 90 day having custody of records in the jurisdiction under the law of which it acceptable. If the certificate is in a foreign language, a translation of the must be submitted)	is organized. (A	photocopy	y is not

(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. I am 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.)

Patrick H Neale

Typed or printed name of signee

Signature of an authorized person

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:

Trigate Enterprises, 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:

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)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TRIGATE ENTERPRISES, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRIGATE ENTERPRISES, LLC" WAS FORMED ON THE NINTH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5725935 8300

150553957

AUTHENT CATION: 2316127

DATE: 04-23-15

You may verify this certificate online at corp.delaware.gov/authver.shtml