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#### **COVER LETTER**

TD: Registration Section Division of Corporations
SUBJECT: TRIN RISE, 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:
JENNIFER CLEARY Name of Person
Firm/Company
POBOX 4655 Address
BOULDER CO 80306 City/State and Zip Code
JENNCLEARY @ COMCAST. NET  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TENNIFER CLEARY at (720) 938 - 1294  Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

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

, IN FLORIDA
IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
TRINPICE
1. TRINRISE 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LL.C.")
2. Color RADO (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
4. JULY 14, 2-015 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5 1113 SPRUCE STREET
BOULDER, CO 80302 GA
6. PO BOX 4655
BOULDER, CO 80306 ST NO MAILING Address)
<b>→</b> • • • • • • • • • • • • • • • • • • •
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: RICK HASKINS, KEY WEST VACATION RENTAL
Office Address: 1075 DUVAL ST #CZZ
KFYWEST, Florida 33040 (Zip code)
Registered agent's acceptance: (Zip code)
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  (Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
JENNIFER CLEARY, MANAGER, POBOX4655 BOULDER, CO
JENNIFER CLEARY, MANAGER, POBOX4655 BOULDER, CO STEVEN HARRISON, MANAGER, POBOX 4655, BOULDER, CO 80306
9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

JENNIFER CLEARY

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

### Trinrise, LLC

is a Limited Liability Company formed or registered on 07/14/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151453002.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/13/2015 that have been posted, and by documents delivered to this office electronically through 07/14/2015 @ 12:47:24.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 07/14/2015 @ 12:47:24 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9245970.



Mayre N. Williams

Secretary of State of the State of Colorado

\*\*\*\*\*\*\*End of Certificate\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <a href="http://www.sos.state.co.us/biz/CertificateSearchCriteria.do">http://www.sos.state.co.us/biz/CertificateSearchCriteria.do</a> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. <a href="Confirming the issuance of a certificate">Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate.</a> For more information, visit our Web site, <a href="http://www.sos.state.co.us/click">http://www.sos.state.co.us/click</a> Business Center and select "Frequently Asked Questions."