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(Re	equestor's Name)		
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Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
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K.SALY EXAMINER MAR 11



#### FLORIDA DEPARTMENT OF STATE Division of Corporations



February 16, 2016

STACIE HIERS TRIEST IRRIGATION, LLC P.O. BOX 854 QUITMAN, GA 31643

SUBJECT: TRIEST IRRIGATION, LLC

Ref. Number: W16000011612

We have received your document for TRIEST IRRIGATION, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 316A00003209

#### **COVER LETTER**

TO: Registration Section Division of Corporation	ns			
SUBJECT:	TriEst Name of	Irriac Limited Liability Com	ation; LLC	
			n to Transact Business in Florida," Certifica liability company to transact business in Fl	
Please return all correspondence of	concerning this matter to the	following:	· .	
· 	Stacie	Hiers		
	N	ame of Person		
	TriEst	Irriga	tion, LLC	
,		irm/Company	·	
	P.O. Box S	854		
		Address		
	Quitmar	1 GA	31643	
	City/S	tate and Zip Code	-	
SI	Tiers (a) tre E-mail address: (to be used	estag. C		
For further information concerning	·	•	,	
Staciet Name o	Hers of Contact Person	_ at ( <u>229</u> ) ( Area Code	263-9393 Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Di Re Cl 26	IREET ADDRESS: ivision of Corporations egistration Section lifton Building 661 Executive Center Circle allahassee, FL 32301	
Enclosed is a check for the follow \$125.00 Filing Fee	ring amount:  \$\Boxed{\Omega} \text{\$130.00 Filing Fee & Certificate of Status}\$	☐ \$155.00 Filing F Certified Copy	Fee & \$\Bigcup \$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:
TriFS+ Traigntion 110
(Name of Foreign 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 "LLC.")  20-0852346
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. <u>0068 HWY 04 W</u>
Yutman 6A 31643 (Street Address of Principal Office)
s. P.O. Box 854 影音 C
Quitman GA 31643  P.O. Box 854  Quitman GA 31643  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
(Mailing Address)
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: DUNTICIAN LEGISTIC
Office Address: 1220 Commerce Dr.
La Belle, Florida 33435
(City) (Zip code)  Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
to complywith 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 posit <u>ion as registered agent.</u>
Sartiago ledesma.
Aegistered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Brent Brinkley, President
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
urisdiction 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)
1558 June
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.

Brent Brinkley
Typed or printed name of signee

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRIEST IRRIGATION, 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-SIXTH DAY OF FEBRUARY, A.D. 2016.





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SR# 20161214352

Authentication: 201897348

Date: 02-26-16