Division of Corporations Electronic Filing Cover Sheet

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(((H16000105602 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company TriMark Raygal, LLC

Certificate of Status	0
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Page Count	045
Estimated Charge	\$125.00

Corporate Filing Menu MAY 0 2 2016 Help 41 Electronic Filing Menu

Y SULKER



April 29, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: TRIMARK RAYGAL, LLC

REF: W16000031841

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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

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Jenna D Harris Regulatory Specialist II FAX Aud. #: E16000105602 Letter Number: 516A00008938

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INTERMEDIATE STATE

RE-SUBMIT
Please retain original filing date of submission __Hze

4/29/2016 I2:04:12 PM From: To: 8506176383(3/5)

COVER LETTER

	egistration Section ivision of Corporatio	πς					
SUBJECT	TriMark Raygal, Ll	LC					
DODGE!	•	Name of	Limited Liability C	ompany			
The enclos Existence,	ed "Application by Fo and check are submitte	reign Limited Liability Comp ed to register the above refere	pany for Authorizationced foreign limit	tion to Tra	ansact Business in Florida," Co y company to transact business	crtificate of s in Florida	
Picase retu	m all correspondence	concerning this matter to the	following:				
	Dirk Hallett						
	·	N:	ame of Person				
	TriMark Rayal	,LLC					
	· · · · · · · · · · · · · · · · · · ·	Fi	rm/Company				
	2801 McGaw /	Ave					
Address							
	Irvine, CA 926	14					
		City/Si	tate and Zip Code				
	dhallett@trimarl						
		E-mail address: (to be used	for future annual	report not	ification)		
For further	information concernin	g this matter, please call:					
Otis Carter		508 at (399-23	41			
	Name o	of Contact Person	Area Code	Day	time 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					
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee &	TI \$155 OA DULL	. 17an D	Freign on Filing Box Con-	Gosta	
u	4122.00 Linds Lee	Certificate of Status	☐ \$155.00 Filing Certified Copy	i i.cc or	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	neste	

4/29/2016 12:04:12 PM From: To: 8506176383(4/5)

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

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

COMPANY TO TRANSACT BU	ASINESS II	NTHE STATE OF FLORIDA:						
1. TriMark Raygal, LLC								
(Name of Fore	eign Limit	ted Liability Company; must	inclu	de "Limited Lial	oility Company," "L.L.C.,"	or "LLC.")		
(If name unavailable, enter al Liability Company," "L.L.C,	Iternate na	ume adopted for the purpose (of tra	nsacting busines	s in Florida. The alternate n	ame must in	clude "Lim	itted
2 California			1	95-2707389				
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)								
4 Upon Filing								
	(Sec	Date first transacted business sections 605.0904 & 605.09	in F	lorida, if prior to	registration.)	******		
5. 2801 MCGAW AVE						-		
IRVINE, CA 92614								
		(Street Address of Pri	incip	al Office)				
6. 2801 MCGAW AVE								
IRVINE, CA 92614								
		(Mailing Ac	dres	s)				
7. Name and street address	s of Flor	ida registered agent: (P.O	. Bo	x <u>NOT</u> accept	able)		Ra O	
Nume:	CTC	orporation System			-	•	<i>7</i> 0 N≥	
Office Address:	1200 \$	South Pine Island Road			_	•	IIIn	٠.
	Plantat	ion			, Florida 33324 (Zip code)	<i>y</i> -		
		(City)			(Zip code)	15.	5	
Registered agent's accep Having been named as re	tance: <i>eistered</i>	avent and to accept service	e of	nracess for the	e above stated limited fig	bility com		e place
designated in this applica	non, I he	ereby accept the appoints	tent	as registerea az	gent ana agree to act in	inis capaci	ty. 1 juren	ier agree
to complywith the provision accept the obligations of i		an as registered agent.					nı familisi	r wun ana
-	Ву:	C T Corporation Sys	tem		जनसंसि: ∓ ह	40.1		
		(Regiún	ငင် နေ	ent's signature)	<u>ं जिल्लाम</u>			
8 The name title or can	oitu and	address of the person(s) w				147		
· · · · · · · · · · · · · · · · · · ·	=	CGAW AVE IRVINE, CA			ity to mainge is are.			
		2801 MCGAW AVE IRV					-	
							-	
Dirk Hallett, Secretary an	d Treasu	rer, 2801 MCGAW AVE	IRV	INE, CA 9261	4		_	
9. Attached is a certificate	of existe	nce, no more than 90 days	old	, duly authentic	ated by the official havin	g custody o	of records	in the
jurisdiction under the law			tifica	ate is in a foreig	n language, a translation	of the certi	ificate und	er oath
of the translator must be se	ubmitted) / A = -		>				
		Signature	200 5	authorized persor				
			•	•		£ 1 1	e	
This document is executed submitted in a document to	in accor the Dep	gance with section 605.02 particient of State constitute	03 (8 a t	i j (b), Morida S hird degree felo	matures. I am aware that a my as provided for in s.8	ny taise ini 17.155, F.S	omation	
	Otis Ca			-	•			
		Typed or pri	nted	name of signee				

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: TRIMARK RAYGAL, LLC

FILE NUMBER: FORMATION DATE: 201600810174

FORMATION DATE: TYPE:

12/31/2015

JURISDICTION:

DOMESTIC LIMITED LIABILITY COMPANY

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 26, 2016.

ALEX PADILLA Secretary of State