# M16000010105

| (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: |
|   |
|   |
|   |

Office Use Only



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D. SCOTT DEC 1 9 2016 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 418565 5120892

AUTHORIZATION : Spelled Man

COST LIMIT : \$ 125.00

ORDER DATE: December 13, 2016

ORDER TIME: 10:21 AM

ORDER NO. : 418565-001

CUSTOMER NO: 5120892

#### FOREIGN FILINGS

NAME: TRI-GEM MANAGEMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

#### **COVER LETTER**

| TO: Registration Section Division of Corporatio  | ns  |                         |
|--|---|-------------------------|
| <sub>suвјест:</sub> Tri-Gem  | Management, LLC   |                         |
| SOBJECT:   | Name of Limited Liability Company   |                         |
|  | reign Limited Liability Company for Authorization to Transact Business in Florida ed to register the above referenced foreign limited liability company to transact bus |                         |
| Please return all correspondence   | concerning this matter to the following:  |                         |
|  | MICHAEL SCHINDER  |                         |
|  | Name of Person  | •                       |
|  | TRI-GEM MANAGEMENT, LLC   |                         |
|  | Firm/Company  | -                       |
|  | 466 WHITE OAK RIDGE   |                         |
|  | Address   | -                       |
|  | 011007 1111 11107070  |                         |
|  | SHORT HILL NJ 07078  City/State and Zip Code  | -                       |
|  | atwindtrade@msn.com   |                         |
|  | E-mail address: (to be used for future annual report notification)  | _                       |
| For further information concerning   | ng this matter, please call:  |                         |
| MICHA  | AEL SCHINDER at ( ) 973-752-7900  | _                       |
| Name   | of Contact Person Area Code Daytime Telephone Number  | <del></del>             |
| MAILING ADDRESS  Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the □ \$125.00 Filing Fee | Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301   | SECRETARY CONTROL       |
|  |   | <b>分</b><br>分<br>る<br>こ |

### 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. Tri-Gem Managemer   |  |          |
|--|--|----------|
| (Name of Foreign Limi  | ed Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")   |          |
| (If name unavailable, enter alternate a<br>Liability Company," "L.L.C," or "LL     | ame adopted for the purpose of transacting business in Florida. The alternate name must include "Limito".")  | ed       |
| <sub>2.</sub> Nevada   | 3  |          |
| (Jurisdiction under the law of whic company is organized)                          | n foreign limited liability (FEI number, if applicable)  |          |
| 4  | (Co. C.  |          |
| (S   | (Date first transacted business in Florida, if prior to registration.) e sections 605.0904 & 605.0905, F.S. to determine penalty liability)  |          |
| 5. 466 White Oak F   | tidge  |          |
| Short Hill, NJ, U  | ·  |          |
|  | (Street Address of Principal Office)   |          |
| 6. 466 WHITE OAK RIDGE   | A CONTRACTOR OF THE CONTRACTOR |          |
| SHORT HILL NJ 07078  |  |          |
| •  | (Mailing Address)  |          |
| 7. The name, title or capac  | ty and address of the person(s) who has/have authority to manage is/are:   |          |
| MICHAEL SCHINDER, MEMB   | ER 466 WHITE OAK RIDGE SHORT HILL NJ 07078   |          |
|  |  |          |
|  |  |          |
|  |  |          |
| 8. Attached is an original ce  | tificate of existence, no more than 90 days old, duly authenticated by the office  | cial     |
|  | the jurisdiction under the law of which it is organized. (A photocopy is not   |          |
| acceptable. If the certificate must be submitted)                                  | is in a foreign language, a translation of the certificate under oathoof the translation   | ater     |
| must be submitted;   |  |          |
|  | Ho   |          |
| <del></del>  | Signature of an authorized person  | -        |
| (In accordance with section 605.0203, F.: am aware that any false information subm | the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein the in a document to the Department of State constitutes a third degree felony as provided for in s. \$17, 155, F.S.T.   | are true |
| Mic  | hael Schinder  |          |

Typed or printed name of signee

## 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.

|                 | f the Limited Liability                          | y Company is:                                   |  |
|-----------------|--|---|--|
| Tri-Gem Manag   | ement, LLC                                       |   |  |
| If unavailable, | the alternate to be use                          | ed in the state of Florida is:                  |  |
| 2. The name at  | nd the Florida street a                          | address of the registered agent and office are: |  |
|                 | Corporation Service (                            | Company   |  |
|                 |  | (Name)  |  |
|                 | 1201 Hays Street                                 |   |  |
|                 | Florida Street Address (P.O. Box NOT ACCEPTABLE) |   |  |
|                 | Tallahassee                                      | 32301<br>FL                                     |  |
|                 |  | City/State/Zip                                  |  |

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.

| Corporation | Service Company | Melissa Zeng                     | dor            |
|-------------|-----------------|----------------------------------|----------------|
| Ву:         | Mi              | Asst Vice Pres                   | /' <b>(</b> D) |
|             | (Signa          | ture)                            | 是 是            |
|             | \$ 100.00       | Filing Fee for Application       | 意るに            |
|             | \$ 25.00        | Designation of Registered Agent  |                |
|             | \$ 30.00        | Certified Copy (optional)        |                |
|             | \$ 5.00         | Certificate of Status (optional) | 是当中            |

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **TRI-GEM MANAGEMENT**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 30, 2007, and is in good standing in this state.

S TANDA

Electronic Certificate
Certificate Number: C20161216-0033
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 16, 2016.

Barbara K. Cegavske BARBARA K. CEGAVSKE Secretary of State

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