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(Requestor's Name)
(Address)
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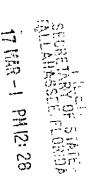




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COVER LETTER

TO:	Registration Section Division of Corpora		•				
SUBJ	Trivergance, LL						
SUDJ.	EC1:		Limited Liability	Company		_	
		Foreign Limited Liability Committed to register the above refer					
Please	return all corresponden	nce concerning this matter to the	e following:				
	Michael Lo	ogan					
		7	lame of Person			<u></u>	
	Trivergance	e, LLC					
	Firm/Company						
	40 Vreeland	d Avenue Suite 107					
Address							
	Totowa, No	ew Jersey 07512				THAT -1 PH 12: 6	
		City/S	State and Zip Code			13	
	diane@mlog	ancpa.com					
		E-mail address: (to be use	ed for future annua	report not	ification)		
For fur	ther information concer	rning this matter, please call:				35 28 26 28	
	Michael Logan		973 at (812-16	16		
	Nan	ne of Contact Person	Area Code	Day	time Telephone Number	_	
	MAILING ADDRE Division of Corporat Registration Section P.O. Box 6327 Tallahassee, FL 3231	ions		Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301		
Enclos	ed is a check for the fol \$125.00 Filing Fe	•	□ \$155.00 Filin	ng Fee &	□ \$160.00 Filing Fee, Of Status & Certified Co		

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:

[If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limitical Liability Company," "L.L.C," or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida. if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 10/01/2016 (Street Address of Principal Office) 40 Vrecland Avenue Suite 107 Totowa, New Jersey 07512 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 169 Fiesta Way Fort Lauderdale Office Address: (City) (City) (City) (City) (Zip code) Registered agent and agree to act in this capacity. I further to complying the provisions of all statutes relative to the proper and complete performance of my duties, and 1 am familiar to 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: Jerry Stone, Managing Member 169 Fiesta Way Fort Lauderdale, Florida	Trivergance, LLC (Name of Fore	sign Limited Liability Company; must	include "Limited Liab	ility Company," "L.L.C.," or "l	LLC.")
Delaware Delaware (Aursidiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida. if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 169 Fiesta Way Fort Lauderdale, Florida 33301 (Street Address of Principal Office) (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 169 Fiesta Way Fort Lauderdale Office Address: (City) Fort Lauderdale (City) (City) (City) (City) (City) (City) (City) (Registered agent and agent and to accept service of process for the above stated limited liability company at the provisions of all statutes relative to the proper and complete performance of my duties, and 1 am familiar occept the obligations of my position as registered agent. (Registered agent's signature) 3. 20-5233918 (FEI number, if applicable) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability (Registered) (FEI number, if applicable) (FEI number, if applicable)	Chama unavailable anter al	tarnata name adopted for the purpose of	of transacting business	in Florida. The alternate name	must include "Limited
(Durisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida. if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 169 Fiesta Way Fort Lauderdale, Florida 33301 (Street Address of Principal Office) 40 Vrecland Avenue Suite 107 Totowa, New Jersey 07512 (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 169 Fiesta Way Fort Lauderdale Office Address: (City) (City) (City) (City) (City) (Registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar to comply with the provisions of my position as registered agent. (Registered agent's signature) 3. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: levery Stone, Managing Member 169 Fiesta Way Fort Lauderdale, Florida Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in	iability Company," "L.L.C."		n transacting dustness	s in Piorida. The alternate hame	must merade Emmed
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Totowa, New Jersey 07512 (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Jerry Stone Office Address: 169 Ficsta Way Fort Lauderdale (City) Florida 33301 (City) (Zip code) egistered agent's acceptance: awing been named as registered agent and to accept service of process for the above stated limited liability company at the prosperand in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent. (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: erry Stone, Managing Member 69 Fiesta Way ort Lauderdale, Florida Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in	Fort Lauderdale, Florid				
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Fort Lauderdale (City) (City	Name:			-	
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	Fort Lauderdale, Florida				
risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under f the translator must be submitted) Signature of an authorized person	irisdiction under the law o	of which it is organized. (If the certabolithm)	tificate is in a foreig	n language, a translation of t	

Typed or printed name of signee

Jerry Stone

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TRIVERGANCE 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 FIFTH DAY OF JANUARY, A.D. 2017.

17 HAR -1 PH 12: 28



4192885 8300 SR# 20170074081 Authentication: 201824117

Date: 01-05-17