Florida Department of State

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11/13/2017

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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Foreign Limited Liability Company **Trinity Products LLC**

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S. WARREN

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November 30, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: TRINITY METAL PRODUCTS INC.

REF: W17000094445

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.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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Stacey M Warren Regulatory Specialist II FAX Aud. #: E17000299597 Letter Number: 217A00024168

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COVER LETTER

Tr	inity Products LLC	•	, ,	, 1				
SUBJECT:	Name of Limited Liability Company							
The enclosed "A Existence, and c	Application by Fore theck are submitted	ign Limited Liability Compa to register the above referer	ny for Authorizati aced foreign limite	on to Tran d Hability c	sact Business in Florida," Certificate of company to transact business in Florida			
Please return all	l correspondence co	oncerning this matter to the f	ollowing:					
	Jason Perry							
		Nai	ne of Person					
	Trinity Products LLC							
	Firm/Company							
	1969 W Terra Lu							
	Address							
	O Fallon, MQ 63366							
		City/St	ate and Zip Code					
	jperry@trinitypro							
		E-mail address: (to be used	for future annual	report noti	fication)			
For further infe	rmation concerning	g this matter, please call:						
Jason Perry		636 at (887-961	6 ime Telephone Number				
	Name c	f Contact Person	Area Code	Dayt	ime Telephone Number			
Divisi Regis P.O. I	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, Ft. 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	check for the follow 25,00 Filing Fee	ing amount: \$\Boxed{\Omega}\$ S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160,00 Filing Fee, Certificate of Status & Certified Copy			

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

IN COMPLIANCE WITH SECTION 606.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN UMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Trinity Products LLC	Limited Liability Company, raust include "Limite	d Liability Company," "L.L.C.," or "LLC.")						
Trinity Metal Products LL	.c							
(If morre unovoilable, enter distrants as	ame adopted for the purpose of transacting business in Fig.	rids. The observate rause must exclude "Limited Liabili	ry Company," "LL.C," or "LL.C.")					
2. Missouri		3	(Tapplicable)					
(Junishinton under the low of wh	ach foreign himsel liability company is organized)	(FEI namber	, if applicable)					
4 12/01/2017								
· · · · · · · · · · · · · · · · · · ·	(Data first transacted bitimess in Florida, if prior to (See acctions 605.0904 & 605.0905, F.S. so determ	registration.) far penalty liability)						
5		6.	 ,					
(Street Address of F	rincipal Office)	(Mailing Address	3					
1969 W Terra Ln		1969 W Terra Ln	- : - 3-					
O Fallon, MO 63366		O Fallon, MO 63366						
			9일을 29 를					
7. Name and street addres	is of Florida registered agent: (P.O. Box	NOT acceptable)	ities m					
Name:	C T Corporation System							
ranc.	1000 0 11 11 11 11		- 55 -					
Office Address:	1200 South Pine Island Road		∃ ≓ £					
	Plantation	, Florida 33324						
Registered agent's accep	(City)	(Zip code)						
to comply with the provisi and accept the obligation	tion, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent. By: CT Corporation System (Registered agent)	and complete performance of my a	utles, and I am familiar with					
	, ,	•						
8. The name, title or caps <u>Title or Capacity:</u>	acity and address of the person(s) who h Name and Address:	as/have authority to manage is/are: Title or Capacity:	Name and Address:					
President/CEO	Robert Griggs	Sales Manager	Bryan Davis					
	1969 W Terra Ln	- -	O Fallon, MO 63366					
	O Fallon, MO 63366	_	O Pinjon, INO 03300					
Controller	Jason Perry	CIO	Jim Nazzoli					
Componer	1969 W Terra Ln		1969 W Terra Ln					
	O Fallon, MO 63366		O Fullon, MO 63366					
(Use attachments if neces	ssary)							
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days old of which it is organized. (If the certifical submitted)	, duly authenticated by the official hav te is in a forcign language, a translati	ring custody of records in the on of the certificate under oath					
10. This document is executed in a document to	outed in accordance with section 605.020 of the Department of State constitutes a t	hird degree felony as provided for in s Departy in the hypersystem and the control of the second productions	that any false information					
Signature of an authorized person								
		-						
	Jason Perry							
	Typed	or printed name of signes	-					





John R. Ashcröft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

> Trinity Products, LLC LC1278761

was created under the laws of this State on the 25th day of January, 1979, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I bereunto set my hand and .; cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 10th day of November, 2017.

Certification Number: CERT-11102017-0045

