M8000000883

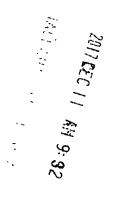
(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
W17	-98-60	83			

Office Use Only



300306300703

12/12/17--01007--005 ++160.00



18 JANEA PH 2: 49

JAN 25 2016 Y SULKER



December 13, 2017

CYNTHIA DELAPP 3689 VALLEYBROCK WAY THE VILLAGES, FL 32163

SUBJECT: TRIDEV PROPERTIES COMPANY LLC

Ref. Number: W17000098663

We have received your document for TRIDEV PROPERTIES COMPANY LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

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 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.

Letter Number: 717A00025231

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TRIDE	/ PROPERTE Name of L	S COMPAN imited Liability Company	4, LC
			insact Business in Florida," Certificate of company to transact business in Florida
Please return all correspondence co	neeming this matter to the f	ollowing:	
	CYNTHIA DE	LATT me of Person	
	TRIDEY PRO	PERTIES A m/Company	MPANY, LLC
3680	1 VALLEY BR	Address	
THE	VILLAGES City/Sta elapp, tride E-mail address: (to be used	FL 3216 inc and Zip Code	2
cde	Elapp, Tride E-mail address: (to be used	or future annual report not	COM
For further information concerning	this matter, please call:		
Cynthia D Name of	OP LOPP Contact Person	at (813) 77 Area Code Day	7-3250 time Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division o Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301
	g amount: □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy

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

	TION 605.0902, FLORIDA STATUTES, THE SINESS INTHE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED TO RE	EGISTER A FOREIGN LIMITED LLABILITY
1. Name of Foreign I	V PROPERTIES C.	OMPANY ited Liability Company. "L.L.C.," or "L.	LC.)
	me adopted for the purpose of transacting business in		ted Liability Company " "L.E.C." or "[L.C.")
2. NEW YOU	ch foreign limited liability company is organized)	3. 16-1090	
4	Data first transacted business in Florida, it's per-	(r. massimbon	
0.00.00	(Date first transacted business in Florida, it prior (See sections 605,0904 & 605,0905, F.S. to deter	rmine penalty liability)	
5. 3/341 VALLE (Street Address of Pr	YBEOK WAY	6. <u>SAME</u> (Mailir	ng Address)
THE VILLAGE	ES, FL 32/63		
7. Name and street address	of Florida registered agent: (P.O. Bo	ox NOT acceptable)	
Name:	CYNTHIA DELAG	<u>PP</u>	
Office Address:	3689 VALLEYER	OOK WAY	7. 78
	THE VILLAGES	Florida <u>32</u>	2165 E
Registered agent's accept		(,	(S) No. 11.
	gistered agent and to accept service of ion. I hereby accept the appointment		nited liabilityCompaky at the place o act in this capacity of further agree
to comply with the provision	ons of all statutes relative to the prop		
and accept the obligations	of my position as registered agent.	- 0	0 1 2: 4
	(Registered agent	y signature)	
8. The name, title or capacity:	city and address of the person(s) who Name and Address:	has/have authority to manage is/a <u>Title or Capacity:</u>	are: Name and Address:
Manager	Gurtha Delai	P	
J	3489 Valley brods	EWAY 321/2	
	- The stronge of	75/U -	
		 	
(Use attachments if necess	ary)		
jurisdiction under the law o	of existence, no more than 90 days old of which it is organized. (If the certific		
of the translator must be su	2(10)	Λ	
	- AVIII Signatu	ligo	
		9 9	
 This document is execus submitted in a document to 	ited in accordance with section 605.02 the Department of State constitutes a (03 (1) (b), Florida Statutes, I am third degree felony as provided for	aware that any false information or in s.817.155, F.S.
•	Typed	or printedname of signee	

State of New York **Department of State**

I hereby certify, that TRIDEV PROPERTIES COMPANY, LLC a NEW YORK Limited Liability Company filed a Certificate of Conversion pursuant to the Limited LIability Company Law on 12/21/2006, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of TRIDEV PROPERTIES COMPANY, LLC was filed on 04/10/2007.

A Biennial Statement was filed 12/16/2008.

A Biennial Statement was filed 12/14/2010.

A Biennial Statement was filed 01/03/2013.

A Biennial Statement was filed 12/08/2014.

Certificate of Change was filed on 09/23/2015.

A Biennial Statement was filed 12/06/2016.

I further certify, that no other documents have been filed by Limited Liability Company.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 17th day of January two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

201801180029 17