MBOCOOIOSUZ

(Requestor's Name)	
(Address)	· · · · · · · · · · · · · · · · · · ·
(Address)	
	•
(City/State/Zip/Phone	<u>» #)</u>
(ovyrototo/2.ip/r none	,
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	

Office Use Only



500321393265

TICE CON BIR NOV

ALAINSEE, TLOND

11/28/18 ()

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 503507 5172830

AUTHORIZATION : C

COST LIMIT : \$ 130.00

ORDER DATE: November 27, 2018

ORDER TIME : 1:21 PM

ORDER NO. : 503507-015

CUSTOMER NO: 5172830

FOREIGN FILINGS

NAME: TRINITY GLO DM LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY

XX PLAIN STAMPED COPY

XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	TRINITY GLO DM LLC	
	Name of Limited Liability Company	
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cer e, and check are submitted to register the above referenced foreign limited liability company to transact business in	
Please	turn all correspondence concerning this matter to the following:	
	JEFFREY S. BARRY	
	Name of Person	
	TRINITY REAL ESTATE INVESTMENTS LLC	
	Firm/Company	
	11111 SANTA MONICA BOULEVARD SUITE 930	
	Address	
	LOS ANGELES, CALIFORNIA 90025 City/State and Zip Code	17
	City/State and Zip Code	1 }
	JBARRY@TRINITYINVESTMENTS.COM	FILED
	E-mail address: (to be used for future annual report notification)	(-)
For fur	er information concerning this matter, please call:	
	JEFFREY S. BARRY 213 318-0581	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301	
Enclose	is a check for the following amount:	
	\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy of Status & Certified	

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

IN COMPLIANCE WITH SECTION 605,6902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

•	nited Liability Company; must include "Limite			
DELAWARE	adopted for the purpose of transacting business in Floring limited hability company is organized)		alternate name must include "Limited Liability Company," "I (FE) number, if applicable)	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S., to determine	registration	a) : biabilis)	
55 MERCHANT STREE (Street Address of Prince)	Т		11111 SANTA MONICA BOULEVAR	D
SUITE 1500			SUITE 930	
HONOLULU, HAWAII	96813		LOS ANGELES, CALIFORNA 90025	
Name and street address of	of Florida registered agent; (P.O. Box	NOT:	acceptable)	11 27 7
Name: _	Corporation Service Company			1: 44
Office Address: _	1201 Hays Street			
_	Tallahassee (Civ)		, Florida 32301 (Zip code)	

Registered agent's acceptance:

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 application. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Emily Croft

Asst. Vice President

SEE ATTACHED			
		<u> </u>	
			<u></u>
		,	100 and
			ાગુ ાં
			>
			—— HE
Jse attachments if necessary)			
Attached is a certificate of existence	no more than 90 days old, duly authenticat	ed by the official having co	astody of records i
risdiction under the law of which it is the translator must be submitted)	organized. (If the certificate is in a foreign	language, a translation of	he centificate und
This document is executed in accor	dance with section 605.0203 (1) (b), Florida ent of State constitutes a third degree felon	a Statutes, I am aware that a	nny false informati (55, F.S.
ministed in a document to the Departi	encor state constitutes a time degree felon	y 110 pro 11000 100 110 110 500 1771	
Jeff	signature of an authorized person		

Typed or printed name of signee

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:
President	Sean A. Hehir
	55 Merchant Street, Suite 1500
	Honolulu, Hawaii 96813
Vice President	Greg Dickhens
	55 Merchant Street, Suite 1500
	Honolulu, Hawaii 96813
Vice President	Ryan Donn
	55 Merchant Street, Suite 1500
	Honolulu, Hawaii 96813
Treasurer	Kevin Hayashi
	55 Merchant Street, Suite 1500
	Honolulu, Hawaii 96813
Secretary	Jeffrey S. Barry
-	11111 Santa Monica Boulevard, Suite 930
	Los Angeles, California 90025



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

DELAWARE, DO HEREBY CERTIFY "TRINITY GLO DM 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 TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRINITY GLO DM LLC" WAS FORMED ON THE FOURTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

nata trovioni si di

Jeffrey W. Buffecs, Secretary of State

Authentication: 203968851

7088098 8300 SR# 20187818352

Date: 11-27-18