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TO:

| TO: | Registration Section Division of Corporations | | | | | | |
|-----------------------------------|--|--|--|--|--|--|--|
| SUBJF | Trainum, LLC | | | | | | |
| Name of Limited Liability Company | | | | | | | |
| | closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Flor | | | | | | |
| Please | return all correspondence concerning this matter to the following: | | | | | | |
| | Robin Boyle | | | | | | |
| | Name of Person | | | | | | |
| | Trainum, LLC | | | | | | |
| | Firm/Company | | | | | | |
| | 230 Pickett's Line | | | | | | |
| | Address | | | | | | |
| | Newport News, VA 23603 | | | | | | |
| | City/State and Zip Code | | | | | | |
| | robin.boyle@trainum.net | | | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | | |
| For fur | her information concerning this matter, please call: | | | | | | |
| | Robin Boyle 636 697-5041 | | | | | | |
| | 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 | | | | | | |
| | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE | | | | | | |
| | \$125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee \& \Bigcup \$155.00 Filing Fee \& \Bigcup \$160.00 Filing Fee, Certificate of Status \$\Bigcup \$Certified Copy \$\Bigcup \$160.00 Filing Fee \& \Bigcup \$160.00 Filing Fee \& | | | | | | |

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. Trainum, LLC | Limited Liability Company; must include "Limit | and Liability Co. | 7777 7 T. I. C. | " or "[1 C "] | | | | |
|--|--|--|-----------------------------|-------------------------|----------------|--------------|--------|--|
| (Name of Foreign | Limited Liability Company, must mediae Limit | ed Clabinty Cor | npany, L.L.C. | , or the.) | | | | |
| If name unavailable, enter alternate n | ame adopted for the purpose of transacting business in F | lorida. The alternat | e name must includ | le "Limited Liability (| Гоптрапу," " | L.L.C," or " | LLC.") | |
| Virginia | | 3. | -4547108 | | | | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | J | (FEI number, if applicable) | | | | | |
| 08/05/2019 | | | | | | | | |
| · - | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ | o registration.) nine penalty liabili | 1y) | | - | | | |
| 223 Sunset Crest Ct | | PO 6. | Box 3018 | | | | | |
| (Street Address of I | Principal Office) | v. <u>—</u> | | (Mailing Address) | | | | |
| Apolio Beach , FL 33572 | | Nev | vport News, | VA 23603 | | | _ | |
| | | | | | | 20 | | |
| 7. Name and street address | ss of Florida registered agent: (P.O. Bo | x <u>NOT</u> acce | ptable) | | | 20 19 AUG 11 | t t | |
| Name: | Michael Lucas | | | | E B Diag | 9 PH | ; 6 | |
| Office Address: | 223 Sunset Crest Ct | | | | | PH 4: 24 | ونيد | |
| | Apollo | | Florida _ | 33572 | _ | | | |
| | (City) | | | (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.

(Registered agent's signature)

manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address; Ann Brewer, Secy/Treas Robin Boyle, CFO Name: Manager Manager Name: Manager PO Box 3018 Address: PO Box 3018 Member Member Newport New, VA 23603 Newport News, VA 23603 Authorized Authorized Person Person Other_ Other____ Other_ Other Manager Manager Manager Name: Member Member Address: Address: Authorized Authorized Person Person Other Other Other Other Name: _____ Manager Manager Name: Member Address: Member Address: Authorized Authorized Person Person Other____ Other___ Other Other__ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person Robin Boyle

Typed or printed name of signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Commontrealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That TRAINUM, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is July 16, 2015; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: August 13, 2019

Joel H. Peck, Clerk of the Commissior

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