

NI 9000008956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

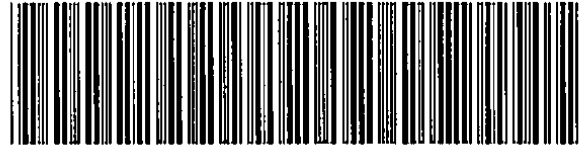
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/09/19--01026--021 **125.00

2019 SEP -9 PM 3:33
FEDERAL BUREAU OF INVESTIGATION

Y SCOTT
SEP 18 2019

✓



807 W Highway 50, Suite 1
O'Fallon, IL 62269

618.632.5544
aegislaw.com

Author's Telephone and Email:
(314) 454-9100 Ext. 122
twhite@aegislaw.com

September 6, 2019

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

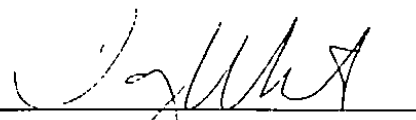
Re: Trinity Wealth Securities, L.L.C.

Dear Sir or Madam:

Enclosed for filing, please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, along with a check in the amount of \$125.00 to process same. Please return a file-marked copy in the enclosed self-addressed, stamped envelope. I thank you, in advance, for your assistance with this matter. Should you have any questions or concerns, please do not hesitate to contact our office.

Sincerely yours,

AEGIS Law

By: 

Tammy White
Paralegal

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Trinity Wealth Securities, L.L.C.
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tammy White
Name of Person
AEGIS Law
Firm/Company
601 S. Lindbergh Blvd.
Address
St. Louis, MO 63131
City/State and Zip Code
rwalk@aegislaw.com; jason.mickool@floridafa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rochelle Walk at (813) 699-1190

Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$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

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. Trinity Wealth Securities, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Missouri
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2330 Horatio Street
(Street Address of Principal Office)

6. 2330 Horatio Street
(Mailing Address)

Tampa, FL 33609

Tampa, FL 33609

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: AEGIS Law

Office Address: 100 S. Ashley, Suite 620

Tampa, Florida 33602
(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.

R. Walker

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:
☒ Manager Name: Jason Mickool
☐ Member Address: 2330 Horatio Street
☐ Authorized Tampa, FL 33609
Person
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☐ Manager Name: Jason Mickool
☐ Member Address: 2330 Horatio Street
☐ Authorized Tampa, FL 33609
Person
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

Jason Mickool
Jason Mickool (Sesh, 2013)

Signature of an authorized person

Jason Mickool

Typed or printed name of signer









Florida Secretary of State Application to Transact Business

Final Audit Report

2019-09-06

Created:	2019-09-06
By:	Tammy White (twhite@aegisps.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAARGmyURR9nIEJ2c4L8qX383e93O1nRqkC

"Florida Secretary of State Application to Transact Business" History

-  Document created by Tammy White (twhite@aegisps.com)
2019-09-06 - 2:42:57 PM GMT - IP address: 68.188.67.162
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-  Document e-signed by jason mickool (jason.mickool@floridafa.com)
Signature Date: 2019-09-06 - 6:27:34 PM GMT - Time Source: server- IP address: 47.206.87.214
-  Signed document emailed to jason mickool (jason.mickool@floridafa.com), Tammy White (twhite@aegisps.com) and Rochelle Walk (rwalk@aegislaw.com)
2019-09-06 - 6:27:34 PM GMT



Adobe Sign

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

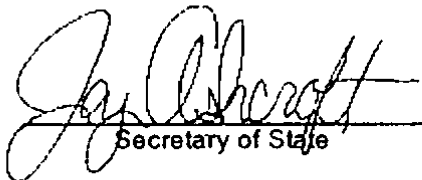
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

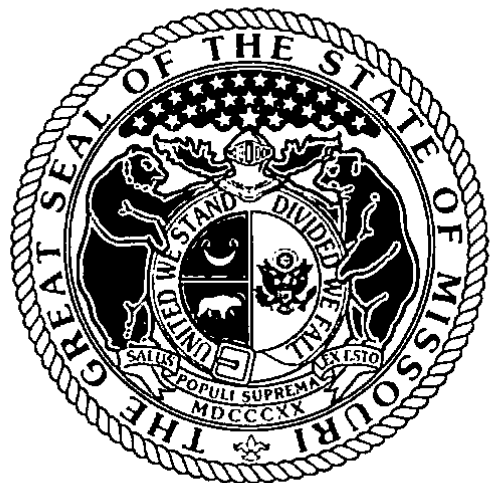
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

TRINITY WEALTH SECURITIES, L.L.C.
LC0039868

was created under the laws of this State on the 12th day of June, 2000, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 4th day of September, 2019.


Secretary of State



Certification Number: CERT-09042019-0050

2019 SEP 9 PM 3:13
TALLAHASSEE