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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

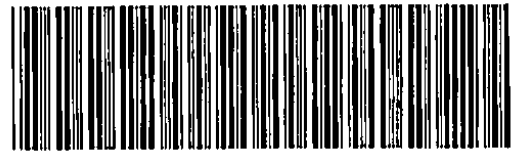
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09-25/19--01/01--017

SEP 27 2019

M. SOLOMON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2019

YOSEF TRESS  
TRINC-IT LLC  
150 AIRPORT RD SUITE 900  
LAKEWOOD, NJ 08701

SUBJECT: TRINC-IT LLC  
Ref. Number: W19000082592

We have received your document for TRINC-IT LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We have received your document for TRINC-IT LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon  
Regulatory Specialist II Supervisor

Letter Number: 719A00018787

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TRINC-IT LLC**

\_\_\_\_\_  
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:

YOSEF TRESS

\_\_\_\_\_  
Name of Person

TRINC-IT LLC

\_\_\_\_\_  
Firm/Company

150 AIRPORT RD SUITE 900

\_\_\_\_\_  
Address

LAKEWOOD NJ 08701

\_\_\_\_\_  
City/State and Zip Code

Accounting@trincitenterprises.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

joe tress

732

4030000

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**RECEIVED**

SEP - 9 2019

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT  
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. TRINC-IT LLC

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

TRINCIT 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

2. NEW JERSEY

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

3. 82-4430699

(FEI number, if applicable)

4. 01/01/2019

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

5. 150 AIRPORT RD SUITE 900

(Street Address of Principal Office)

6. 150 AIRPORT RD SUITE 900

(Mailing Address)

LAKEWOOD NJ

LAKEWOOD NJ

08701

08701

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

Name:

YISROEL SCHECHTER

Office Address:

3100 WEST 84TH ST UNIT 4

HALEAH

(City)

, Florida 33018

(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 as designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I 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)

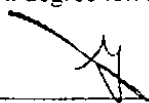
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons who manage (up to six (6) total):

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	YOSEF TRESS		<input type="checkbox"/> Manager	Name:	ELIEZER TRESS	
<input checked="" type="checkbox"/> Member	Address:	296 OLD WHITESVILLE RD		<input checked="" type="checkbox"/> Member	Address:	39 HIGH ST	
<input type="checkbox"/> Authorized		LAKEWOOD NJ		<input type="checkbox"/> Authorized		LAKEWOOD NJ	
Person		08701		Person		08701	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes on 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate 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  
  
YOSEF TRESS  
\_\_\_\_\_  
Typed or printed name of signer

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

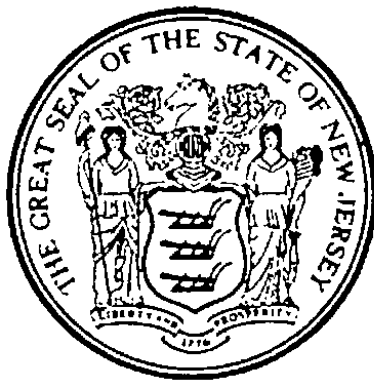
**TRINC-IT LLC**  
0600398103

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 10, 2013.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

**ELIEZER TRESS  
39 HIGH ST  
LAKEWOOD, NJ 08701**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
4th day of September, 2019*

**Elizabeth Maher Muoio  
State Treasurer**

*Certificate Number : 6100337820*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCert/ISP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp)*