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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

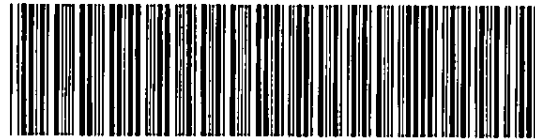
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Clerk of Court

D. BRUCE
OCT 26 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

Trilogy Universe LLC

SUBJECT: _____
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:

Iris Castillo

Name of Person

Trilogy Universe LLC

Firm/Company

14 Falcon Dr.

Address

Mandeville, LA 70471

City/State and Zip Code

iriscastillo26@gmail.com

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

For further information concerning this matter, please call:

Iris Castillo

985

626-1062

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

2019 OCT 21 PM 1:21

**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. Trilogy Universe, LLC
(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. Baton Rouge, LA 3. 81-4055992
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. 10/15/19
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 14 Falcon Dr 6. 14 Falcon Dr
(Street Address of Principal Office) (Mailing Address)
Mandeville, LA 70471 Mandeville, LA 70471

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

Name: URS Agents, LLC
Office Address: 3458 Lakeshore Drive
Tallahassee, Florida 32312
(City) (Zip code)

2019 OCT 21 PM 1:21
FBI - TAMPA

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.

Kristen Ellison Kristen Ellison, Assistant Secretary
(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: Julio Castillo
☒ Member Address: 14 Falcon Dr.
Mandeville, LA. 70471
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name: Iris Castillo
☒ Member Address: 14 Falcon Dr.
Mandeville, LA. 70471
☐ Authorized
Person
☐ Other ☐ Other

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

Title or Capacity: **Name and Address:**
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized
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.



Signature of an authorized person

Iris Castillo

Typed or printed name of signee



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

the Articles of Organization of

TRILOGY UNIVERSE, LLC

Domiciled at MANDEVILLE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on October 06, 2016,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 15, 2019



Certificate ID: 11130121#8Q83

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov

R. Kyle Ardoin

Secretary of State

Web 42413818K