

M2100003693
Florida Department of State
Division of Corporations
Tallahassee, Florida 32399-0001

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(((H21000035521 3)))



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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : COTNEY CONSTRUCTION LAW, LLP
Account Number : I20200000042
Phone : (813)579-3278
Fax Number : (813)902-7612

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: christina.m@gclconcrete.com

**Foreign Limited Liability Company
Tru Equipment Solutions Group, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04 (Updated)
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Help

Fax Audit No. (((H21000035521 3)))

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. Tru Management Group, L.L.C.

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

Tru Equipment Solutions Group, 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. Delaware

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

3. 38-4158142

(FEI number, if applicable)

4. None

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

5. 106 E Bay St

(Street Address of Principal Office)

6. 106 E Bay St

(Mailing Address)

Davenport, FL 33837

Davenport, FL 33837

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

Name: Cotney Construction Law, LLP

Office Address: 3110 Cherry Palm Drive, Suite 290

Tampa

(City)

Florida

33619

(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.

Jacqueline Feliciano, Attorney

(Registered agent's signature)

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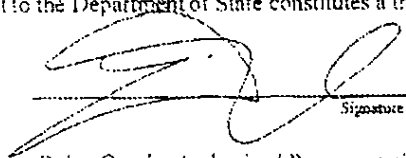
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Christina Magana	<input type="checkbox"/> Manager	Name: Daisy Garcia
<input type="checkbox"/> Member	Address: 106 E Bay	<input type="checkbox"/> Member	Address: 106 E Bay
<input checked="" type="checkbox"/> Authorized	Davenport, FL 33837	<input checked="" type="checkbox"/> Authorized	Davenport, FL 33837
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
 <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 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
 Daisy Garcia, Authorized Representative
 Typed or printed name of signer

Fax Audit No. ((H21000035521 3)))

Fax Audit No. (((H21000035521 3)))

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TRU MANAGEMENT GROUP, 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2021.



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SR# 20210253517

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

Authentication: 202521776

Date: 02-16-21

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