M21000007161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

200366343332

04/09/21--01015--002 **70.00
05/28/21--01024--014 **55.00

W21-84110

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIROCK CAPITAL 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 the State of Florida.

Please return all correspondence concerning this matter to the following:

MYUNG-JUN LEE
Name of Person

TRIROCK CAPITAL LLC
Firm/Company

10213 PALERMO CIRCLE, #103
Address

TAMPA, FL 33619
City, State and Zip Code

INFO@TRIROCKCAP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MYUNG-JUN LEE at (239) 677-7693
Name of Contact Person Area Code Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

TRIROCK CAPITAL L.L.C.
(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. NEW YORK STATE
(Jurisdiction under the laws of which foreign limited liability company is organized.)

3. 83-3246500
(FEI Number, if applicable.)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(Not subject to sec. 865.09, F.S., to determine penalty liability.)

5. 10213 PALERMO CIRCLE, #103
(Street Address of Principal Office.)

TAMPA, FL 33619

6. 10213 PALERMO CIRCLE, #103
(Mailing Address.)

TAMPA, FL 33619

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

Name: MYUNG-JUN LEE

Office Address: 10213 PALERMO CIRCLE, #103

TAMPA, Florida 33619
(City.) (Zip code.)

2021 APR -9 PM 2:52

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.)

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:	Title or Capacity:	Name and Address:
■ Manager	Name: MYUNG-JUN LEE	Manager	Name:
Member	Address: 10213 PALERMO CIR #103	Member	Address:
Authorized Person	TAMPA, FL 33619	Authorized Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized Person		Authorized Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized Person		Authorized 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. 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

MYUNG-JUN LEE

Typed or printed name of person

State of New York
Department of State } ss:

I hereby certify, that TRIROCK CAPITAL LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/22/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department.

***

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 22nd day of March two thousand and twenty-one.

Brendan C Hughes

Brendan C Hughes
Executive Deputy Secretary of State

202103230435 03