

M21000007161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

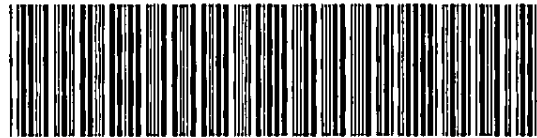
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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 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

239

677-7693

Name of Contact Person

at

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 & ■ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.09, 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," "LLC," or "LLC")

TRIROCK CAPITAL LLC

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

2. NEW YORK STATE

83-3246500

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

(If Taxpayer ID number, if applicable)

4. 10213 PALERMO CIRCLE, #103

10213 PALERMO CIRCLE, #103

5. (Principal Address of Principal Office)

6. (Mailing Address)

TAMPA, FL 33619

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 33619

(City)

, Florida

(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.


(Registered agent's signature)

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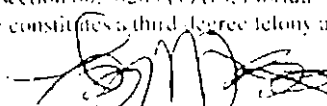
8. For initial indexing purposes, list names, title or capacity, and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name <u>MYUNG-JUN LEE</u>	☐ Manager	Name _____
☐ Member	Address <u>10213 PALERMO CIR #103</u>	☐ Member	Address _____
☐ Authorized	<u>TAMPA, FL 33619</u>	☐ Authorized	_____
☐ Person	_____	☐ Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name _____	☐ Manager	Name _____
☐ Member	Address _____	☐ Member	Address _____
☐ Authorized	_____	☐ Authorized	_____
☐ Person	_____	☐ Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name _____	☐ Manager	Name _____
☐ Member	Address _____	☐ Member	Address _____
☐ Authorized	_____	☐ Authorized	_____
☐ Person	_____	☐ 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 signer

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