F.....



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000273107 3)))



H210002731073ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Corporations					
	Fax Number	:	(850)617-6383			
From:						
	Account Name	:	CAPITOL SERVICES,	INC.		
	Account Number	:	T20160000017			
	Phone		(855)498-5500			
	Fax Number	:	(800) 432-3622			
	rax Number	•	(000) 452 5022			

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

Email Address:



Electronic Filing Menu Corporate Filing Menu

Help

· 1 111

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Triga Fire Solutions 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:

Mohammad Elayyan

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

515 East Park Avenue 2nd FI

Address

Tallahassee, FL 32301

City/State and Zip Code

m.elayyan@naffco.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mohammad Elayyan	at (407) 913-2713			
Name of Contact Person		Area Code	Daytime Telephone Number			
MAILING ADDRESS:			STREET ADDRESS:			
Division of Corporations Registration Section			Division of Corporations Registration Section Clifton Building			
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR \$125.00 Filing Fee \$130.00 Filing Fee Certificate of S	æ	\$155.00	TE) Filing Fee & S160.00 Filing Fee, Certificate ied Copy 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 FORFIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	same adopted for the purpose of transacting business in Florid	da. The ski	ternate name must include "Limited Liability	Company," "I	
Texas	·····	3.	87-1379201		
(Jurisdiction under the law of w	tisch foreign limited liability company is organized)			applaceou.)	
N/A			<u>. </u>		
	(Date first transacted business in Florida, if prior to re (Sne sections 605.0904 & 605.0905, F.S. to determine	e pensity i	sebiliry)		
340 Taxiway Bra	VO	6.	340 Taxiway Bravo		
			ι		
Beeville, TX 7810	02		Beeville, TX 78102		
				<u> </u>	
					021
Name and street addre	ss of Florida registered agent; (P.O. Box	<u>NOT</u> a	cceptable)	سين : م	JUL L
		_			16
Name:	Capitol Corporate Services, In	<u>C.</u>			10-
Office Address:	515 East Park Avenue 2nd Fl			44	1 2: 1
			, Florida <u>32301</u>	ž i	ę; 1
	Tallahassee				

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.

Krista Abair, Asst. Secretary on behalf of Capitol Corporate Services, Inc. (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 Canacity:	Name and Address:
Manager	Name: Mohammad Elayyan	Manager	Name:
Member	Address: 340 Taxiway Bravo	Member	Address:
Authorized	Beeville, TX 78102	Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	🔲 Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	<u> </u>
Person		Person	
Other	[]Other	Other	Other
Manager	Name:	🔜 Manager	Name:
Meniber	Address:	Member	Address:
	<u></u>	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. Nonindexed 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 605.0202 (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.

Mohammad Elayyan Typed or printed sume of signes

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jose A. Esparza Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Triga Fire Solutions LLC (file number 804107963), a Domestic Limited Liability Company (LLC), was filed in this office on June 09, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 15, 2021.



Jose A. Esparza Deputy Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709 TID: 10264

Dial: 7-1-1 for Relay Services Document: 1065915110003