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SECRETARY OF STATE
TALLAHASSEE, FL 32399

2022 JUL 19 PM 3:34

APPROVED
AND
FILED

SEP 12 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIARCHY DEVELOPMENT, 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:

BERT J EIRO

Name of Person

TRIARCHY DEVELOPMENT, LLC

Firm/Company

100 CUMMINGS CENTER, SUITE 105-M

Address

BEVERLY, MA 01915

City/State and Zip Code

BERT@TRIARCHYDEVELOPMENT.COM

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

For further information concerning this matter, please call:

SOFIA VASCONCELOS

978

312-7355

at ()

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. TRIARCHY DEVELOPMENT, 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. MASSACHUSETTS

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

3. 87-1668983

(FEI number, if applicable)

4. JUNE 27, 2022

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability.)

5. 100 CUMMINGS CENTER

(Street Address of Principal Office)

6. 100 CUMMINGS CENTER

(Mailing Address)

SUITE 105-M

SUITE 105-M

BEVERLY, MA 01915

BEVERLY, MA 01915

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

Name: SEAN DONNELLY

Office Address: 5401 W KENNEDY BLVD, #1030

TAMPA

(City)

, Florida

33609

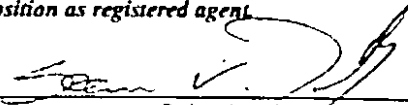
(Zip code)

2022 JUL 19 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>BERT JEIRO</u>	<input checked="" type="checkbox"/> Manager	Name: <u>BRIAN S.ORTINS</u>
<input type="checkbox"/> Member	Address: <u>100 CUMMINGS CENTER</u>	<input type="checkbox"/> Member	Address: <u>100 CUMMINGS CENTER</u>
<input type="checkbox"/> Authorized	<u>SUITE 105-M</u>	<input type="checkbox"/> Authorized	<u>SUITE 105-M</u>
Person	<u>BEVERLY, MA 01915</u>	Person	<u>BEVERLY, MA 01915</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

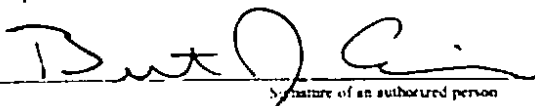
<input checked="" type="checkbox"/> Manager	Name: <u>ANDREW T. CHAPMAN</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>100 CUMMINGS CENTER</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>SUITE 105-M</u>	<input type="checkbox"/> Authorized	_____
Person	<u>BEVERLY, MA 01915</u>	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

BERT JEIRO

Typed or printed name of signer



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

July 22, 2022

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

TRIARCHY DEVELOPMENT LLC

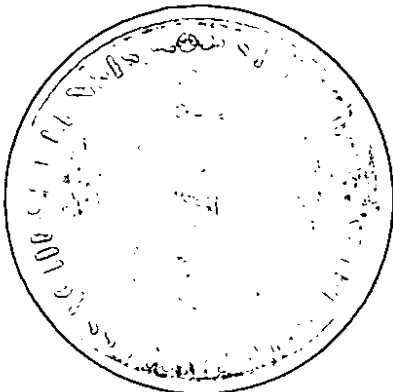
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **July 14, 2021**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **BRIAN ORTINS, BERT JOSEPH EIRO, ANDREW CHAPMAN**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **BRIAN ORTINS, BERT JOSEPH EIRO, ANDREW CHAPMAN**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **BERT JOSEPH EIRO**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth