

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TriDelta Systems, 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:

Beverly Rainey

Name of Person

TriDelta Systems, LLC

Firm/Company

P.O. Box 356

Address

Abbeville, AL 36310

City/State and Zip Code

beverly.rainey@trideltasystems.com

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

For further information concerning this matter, please call:

Beverly Rainey

334

585-1151

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

TriDelta Systems, 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. Alabama 3. 63-1225629
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/31/2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 172 Industrial Park Circle 6. P.O. Box 356
(Street Address of Principal Office) (Mailing Address)

Abbeville, AL 36310 Abbeville, AL 36310

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

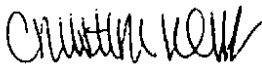
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation Florida 33324
(City) (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) Christine Kelm, Manager

FILED
2022 OCT 27 PM 3:25
TALLAHASSEE, FLORIDA

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: Benjamin D. Smith	<input type="checkbox"/> Manager	Name: Billy D. Smith
<input checked="" type="checkbox"/> Member	Address: 1257 Co Road 74	<input checked="" type="checkbox"/> Member	Address: 5 Danmor Place
<input type="checkbox"/> Authorized	Abbeville, AL 36310	<input type="checkbox"/> Authorized	Dothan, AL 36303
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Chase W. Smith	<input type="checkbox"/> Manager	Name: Beverly Rainey
<input checked="" type="checkbox"/> Member	Address: 443 Ridge Drive	<input type="checkbox"/> Member	Address: 105 Willow Oaks Dr.
<input type="checkbox"/> Authorized	Headland, AL 36345	<input checked="" type="checkbox"/> Authorized	Headland, AL 36345
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Clint Danner	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 2843 West Co Road 72	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	Ariton, AL 36311	<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

Beverly Rainey

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that TriDelta Systems, L.L.C. was
formed in Houston County, Alabama on June 18, 1999. The Alabama Entity
Identification number for this entity is 000-664892. I further certify that the
records do not disclose that said entity has been dissolved, cancelled or terminated.



20221024000019794

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

10/24/2022

Date

A handwritten signature in cursive script that reads "J. H. Merrill".

John H. Merrill

Secretary of State