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Office Use Only



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S. ROBERTS DEC 2 2 2022

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/21/2022	_		⇔WALK IN
ENTITY NAME TRIVIA	L LLC		
DOCUMENT NUMBER_			
	PLEASE FILE TH	E ATTACHED AND RETURN	
XXXXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts Certificate of Good Sta		
	APOSTILLE' / N	OTARIAL CERTIFICATION	
COUNTRY OF DESTINAT			
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$125		ACCOUNT #: I2016000007:	2
		ERTH	
Please call Tina at ti	ke above number kor i	any issues or concerns. Thank you so	much!

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN' LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

tienta menantifite' emet Bittinate	name adopted for the purpose of transacting business in Flo	orida. The	alternate name must include "Limited L	ability Company,"	'LLC," or "
California		3.	87-1131301		
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	٥.	(FEI aumi	er, if spplicable)	
2/1/2023					
	(Date first transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determine	registratione penalty	n.) r (lability)		
30-St 5th Street		6	140 Sacramento St. Spc. 45	7	
ect Address of Principal Office)		0.	(Mailing Address)		
Rio Vista, Ca			Rio Vista, CA		.æ5
9457 <u>1</u>			94571		22 DE(
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Name and street addre	ss of Florida registered agent: (P.O. Box	NOT:	acceptable)		3
Name:	Unisearch, Inc.			•	9:21
Office Address:	1990 Main St. Suite 750-709				
	Sarasota		34236		
	(City)		, Florida(Zip cods)	- ,	

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.

Carol Berg, Asst. Secretary

(Registered Spent'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: Name: ___ Anthony Rivera (CFO) □Manager □Manager Address: _ 30 S. 5th Street Address: ___ 30 S. 5th Street **■**Member ■ Member Rio Vista, Ca 94571 Rio Vista, CA 94571 ☐ Authorized ☐ Authorized Person Person Other____ □Other Other_ □Other___ Name: Audra Chavarria □Manager □Manager Name: _____ Address: ___ ■Member □Member Address: Rio Vista, Ca 94571 □ Authorized □ Authorized Person Person Other_____ Other □Other Other____ Name: _____ □Manager □Manager Name: _____ ☐Member Address: Address: ☐ Member □ 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. 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 605.0203 (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. Audra Chavarria Signature of an authorized person

Audra Chavarria



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: TRIVIAL LLC
Entity No.: 202116010398
Registration Date: 06/07/2021

Entity Type: Limited Liability Company - CA

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

CALIFORNA CALIFORNA

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 20, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 067622524

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.