

M23000003054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

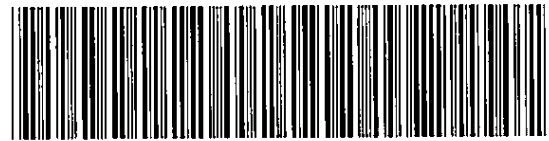
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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RECEIVED

2023 MAR -9 PM 3:14

ALL AMASSEE, LLC

S. FRANKLIN

MAR 10 2023

Sunshine State Corporate Compliance Company

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

DATE 03/09/2023

****WALK IN****

ENTITY NAME Trilogy Lacrosse, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

_____	<i>Plain Copy</i>
_____	<i>Certified Copy</i>
<u>XXXXX</u>	<i>Certificate of Status</i>
_____	_____

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

_____	<i>Certified Copy of Arts & Amendments</i>
_____	<i>Certificate of Good Standing</i>
_____	_____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$130

ACCOUNT #: I20160000072

S R J

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Trilogy Lacrosse, 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:

Robert Lindsey
Name of Person

Trilogy Lacrosse, LLC
Firm/Company

208 Lenox Avenue #312
Address

Westfield, NJ 07090
City/State and Zip Code

finance@trilogylacrosse.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Lindsey at (410) 916-1733
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. Trilogy Lacrosse, 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. Maryland

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

3. 20-2674191

(FEI number, if applicable)

4. _____

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

5. 208 Lenox Ave.

(Street Address of Principal Office)

6. 208 Lenox Ave.

(Mailing Address)

#312

#312

Westfield, NJ 07090

Westfield, NJ 07090

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

Name:

InCorp Services, Inc.

Office Address:

3458 Lakeshore Drive

Tallahassee

(City)

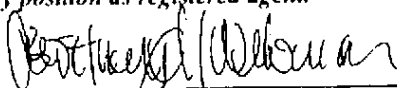
Florida

32312

(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)

Courtney Wehrman on behalf of Incorp Services, Inc.

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 type="checkbox"/> Manager	Name: <u>Robert Lindsey</u>	<input checked="" type="checkbox"/> Manager	Name: <u>James Vlahakis</u>
<input type="checkbox"/> Member	Address: <u>208 Lenox Ave</u>	<input type="checkbox"/> Member	Address: <u>208 Lenox Ave</u>
<input checked="" type="checkbox"/> Authorized	<u>#312</u>	<input type="checkbox"/> Authorized	<u>#312</u>
Person	<u>Westfield, NJ 07090</u>	Person	<u>Westfield, NJ 07090</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Ryan Boyle</u>	<input type="checkbox"/> Manager	Name: <u>Mitchell Belisle</u>
<input type="checkbox"/> Member	Address: <u>208 Lenox Ave</u>	<input type="checkbox"/> Member	Address: <u>208 Lenox Ave</u>
<input type="checkbox"/> Authorized	<u>#312</u>	<input checked="" type="checkbox"/> Authorized	<u>#312</u>
Person	<u>Westfield, NJ 07090</u>	Person	<u>Westfield, NJ 07090</u>
<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.

Robert Lindsey
Signature of an authorized person

Robert Lindsey
Typed or printed name of signee

STATE OF MARYLAND
Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT TRILOGY LACROSSE, LLC (W10571719), REGISTERED APRIL 06, 2005, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 09, 2023.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: B4jmlYYMgEmgDGQNg_uraQ
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>