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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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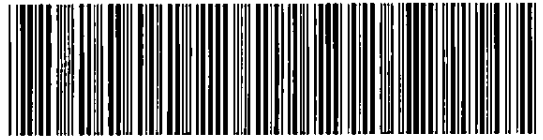
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tri-Lupus 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:

Daniel Snyder

Name of Person

Tri-Lupus LLC

Firm/Company

969 Charlemagne Blvd

Address

Naples FL, 34112

City/State and Zip Code

snyderld@yahoo.com

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

For further information concerning this matter, please call:

Daniel Snyder

253

347-8119

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. Tri-Lupus 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. Montana 87-3385928
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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. 969 Charlemagne Blvd
(Street Address of Principal Office)
Naples FL 34112
6. 969 Charlemagne Blvd
(Mailing Address)
Naples FL 34112

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

Name: Daniel Snyder
Office Address: 969 Charlemagne Blvd.
Naples, Florida 34112
(City) (Zip code)

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TAMPA, FL

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.

Daniel Snyder
(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:**

☒ Manager Name: Lynn Snyder

☒ Member Address: 969 Charlemagne Blvd, Naples

☒ Authorized Naples Fl, 34112

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Daniel Snyder

☒ Member Address: 969 Charlemagne Blvd

☒ Authorized Naples Fl, 34112

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Aaryn Snyder

☒ Member Address: 1119 S 32nd Ave

☒ Authorized Yakima, Wa, 98902

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Iiona Snyder

☒ Member Address: 98-500 Koauka Loop #3K

☒ Authorized Aiea, HI, 96701

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Eriik Snyder

☒ Member Address: 2403 Forest Oaks Circle #252

☐ Authorized Arlington, TX, 76006

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

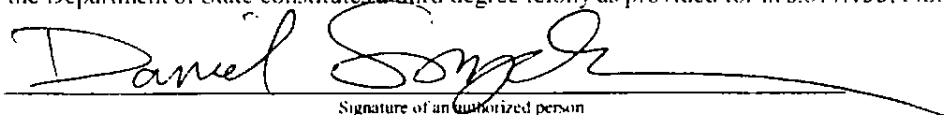
Person _____

☐ Other _____ ☐ 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)

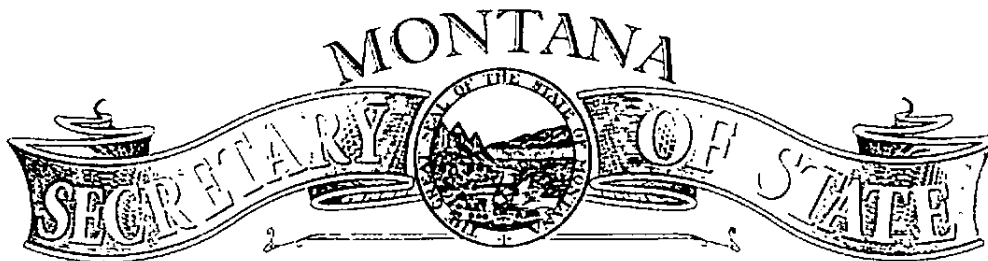
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Daniel Snyder

Typed or printed name of signee



CERTIFICATE OF EXISTENCE

I, **CHRISTI JACOBSEN**, Secretary of State for the State of Montana, do hereby certify that:

Tri-Lupus LLC

duly filed its **Articles of Organization for Domestic Limited Liability Company** in this office on **October 26, 2021**, and on that date was authorized to transact business in this state **for a term of perpetual duration**.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on the record in this office by said limited liability company and the records indicate the limited liability company is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 12th day of April, 2023.

Christi Jacobsen

Christi Jacobsen
Montana Secretary of State

Certificate Number: 39016120