# M23000006041

(Requestor's Name)
(Address)
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(Business Entity Name)
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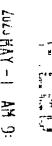
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### **COVER LETTER**

Registration Section Division of Corporations

TO:

	TRIUMPH SUPREME TRANSPORTATION	LLC			
Sobotter.	Name of	Limited Liability Co	ompany		
Please return	all correspondence concerning this matter to th	e following:			
	Vanessa Marquez				
	1	Name of Person			
	NCH Registered Agent				
	F	Firn/Company			
The enclosed "A Existence, and el Please return all For further information TRIUM Mailing Registra Divisie P.O. B Tallah.  Enclose Please r	4730 S. Fort Apache Rd. #300				
		Address		<del></del>	
	Las Vegas. NV 89147				
	City/	State and Zip Code			
	REEDISAIAH939@GMAIL.COM				
	E-mail address: (to be use	ed for future annual r	eport notifi	ication)	
For further inf	ormation concerning this matter, please call:				
TRI	UMPH SUPREME MANAGER TRUST	813 at ( )	647-7541 )		
	Name of Contact Person	Name of Limited Liability Company  Limited Liability Company for Authorization to Transact Business in Florida." Certificate register the above referenced foreign limited liability company to transact business in Flor crining this matter to the following:    Name of Person			
Reg Divi P.O	ing Address: Istration Section Sion of Corporations Box 6327 ahassee, FL 32314	Registration Sec Division of Cor The Centre of T 2415 N. Monro	rporations Fallahasso e Street,	ee	
Pleas	osed is a check for the following amount: the make check payable to: FLORIDA DEPAR 125.00 Filing Fee  \$\square\$\$\$\$\$\$\$ \$130.00 Filing Fee & Certificate of \$1.00 Filing Fee \$\square\$	🗎 \$155,00 Filin	ig Fee &	\$160.00 Filing Fee, Certificat of Status & Certified Cop	ic oy

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:
■Manager	Name TRIUMPH SUPREME MANAGER TRUS	<sup>T</sup> □Manager	Name:	
□Member	Address: 400 N. Ashley Dr. Suite 1900	□Member	Address:	
□Authorized	Tampa, FL 33602	□Authorized		·
Person		Person		
□Other	Other	□Other		Other
□Manager	Name:	⊡Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	□Other	□Other		□Other
∃Manager	Nanœ:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		and the said of the
□Other	Other	□Other		Other
<ul><li>indexed individuals</li><li>9. Attached is a certifurisdiction under the of the translator mus</li><li>10. This document is</li></ul>	se an attachment to report more than six (6). The at may be added to the index when filing your Florida ificate of existence, no more than 90 days old, duly e law of which it is organized. (If the certificate is in the submitted) accordance with section 605.0203 (1) ment to the Department of State constitutes a third designature of an accordance.	authenticated by the in a foreign language.  (b). Florida Statutes, egree felony as provided.	Annual Report official having a translation of a translation of the translation of tra	t form.  custody of records in the of the certificate under oath any false information

## 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:

(Name of Foreign	Limited Liability Company: must include "Limited	Liability Company,"	"L.L.C.," or "LL.C.")		
if mine unavailable, onter afternate	name adopted for the purpose of transacting business in Fl	orida. The alternate name	must include "Limited Elal	bility Company." "L.L.C."	or "LLC."
Nevada		3			
(Jurisdiction under the law of w	which foreign limited liability company is organized)		(FEI numbe	r, if applicable)	
·	(Date hist transacted business in Florida, if prior to				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty hability)			
400 N. Ashley Dr. Suite 1900		400 N. As 6.	shley Dr. Suite 190	0	
ireet Address of Principal Office)		(Mailin	g Address)		<del></del>
Tampa, Ft. 33602		Tampa, F	L 33602		
			•		<del></del>
					<del></del>
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable	1	<u> </u>	
				AVI CZOZ	فطاعة
Name	NCH Registered Agent			AY -	
Name:		· · ·			1 1725
Office Address:	390 North Orange Ave., Ste.2300-N	<del> </del>		SST A	; 9 { 
	Orlando		32801	9	السيكا
	(Cnv)	Fl	Orida(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.

AMASSA Maga CRegistry agent Consture.

SECRETARY OF STATE



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **TRIUMPH SUPREME TRANSPORTATION**, **LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/16/2023, and is in good standing in this state.

Certificate Number: B202304033523828

You may verify this certificate online at I

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/03/2023.

FRANCISCO V. AGUILAR Secretary of State