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COVER LETTER

SUBJE	TRIUNITY INVESTMENTS, LLC	
i da uda u		ne of Limited Liability Company
		Company for Authorization to Transact Business in Florida." Certificate referenced foreign limited liability company to transact business in Florida.
dease r	eturn all correspondence concerning this matter	to the following:
	Vanessa Marquez	
	 	Name of Person
	NCH Registered Agent	
		Firm/Company
	4730 S. Fort Apache Rd. #300	
		Address
	Las Vegas, NV 89147	
		City/State and Zip Code
	rpedroza648@gmail.com	
	E-mail address: (to b	ne used for future annual report notification)
For furtl	ner information concerning this matter, please ca	all:
	RAUL PEDROZA	448 200-8562 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee
		2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303
	Enclosed is a check for the following amount:	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605,0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company must submit 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.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," The abbreviation "L.L.C.." or the designation "L.L.C."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

The fees to register are as follows:

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

> Important Information About the Requirement to File an Annual Report

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$138.75. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

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

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TRIUNITY INVESTM	ENTS, LLC Limited Liability Company: must include "Limited	Liability Comp	pany," "L.L.C.," or "LL.C.")		
(Il name unavailable, enter alternate o	name adopted for the purpose of transacting business in Flo	vida. Die allemat	e name must melude "Limited Erabilu	iy Conyunv." "Lili (C." or "11.t
Wyoming 2. Harratichon under the law of w	hich fereign limites! (whility company is organized)	3	(IFT mainber, if	иррисаbie)	
			·		
i	(Date first transacted business in Florida, if prior to the economy 602,0904 & 603,0905, F.S. to determine	vgistration) ie penalty hability	a	_	
4730 S. Fort Apache Rd, #300 5. Struct Address of Principal Officer		6. <u>—</u>	S. Fort Apache Rd. #300		<u>_</u>
Las Vegas. NV 89147			Vegas, NV 89147		
	·····				
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT accept	table)		ZÜZ3 ĦAY
Name:	NCH Registered Agent		_	2H28	γ - 9
Office Address:	390 North Orange Ave., Ste.2300-N		_	eric The	PM 5:
	Orlando		32801 , Florida(Zin code)	고 -	01

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.

Vanisher Marguery

manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: DANIELA PEDROZA RAUL PEDROZA **■** Manager ■ Manager Address: ____ 4730 S. Fort Apache Rd. #300 Address: 4730 S. Fort Apache Rd. #300 □Member □ Member Las Vegas, NV 89147 Las Vegas, NV 89147 □ Authorized □ Authorized Person Person □Other □Other_____ □Other__ □Other____ □Manager Name: □Manager Name: _____ □Member Address: □Member Address: _____ □ Authorized □ Authorized Person Person □Other □Other____ Other___ □Other____ □Manager □Manager Name: □Member Address: ☐Member Address: □ 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. RAUL PEDROZA

Typed or printed name of signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

TRIUNITY INVESTMENTS, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 26**, **2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001214300**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 3rd day of April, 2023 at 10:01 AM. This certificate is assigned ID Number 059776126.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.