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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : NEVADA CORPORATE HEADQUARTERS, INC  
Account Number : I20240000024  
Phone : (800)508-1726  
Fax Number : (702)514-6187

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

2024 MAY 29 AM 10:42

DEPT. OF CORP. AFFS.  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company  
TRIUMPHANT HOME SOLUTIONS, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 05       |
| Estimated Charge      | \$130.00 |

2024 MAY 29 PM 4:31

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H24000188979 3

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRIUMPHANT HOME SOLUTIONS, 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:

LDUMOVICH

\_\_\_\_\_  
Name of Person

NCH Registered Agent

\_\_\_\_\_  
Firm/Company

1450 VASSAR STREET

\_\_\_\_\_  
Address

RENO, NV 89502

\_\_\_\_\_  
City/State and Zip Code

RENEWALS@NCHINC.COM

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

For further information concerning this matter, please call:

NCH Registered Agent

800

508-1726

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

H24000188979 3

H24000188979 3

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. TRIUMPHANT HOME SOLUTIONS, 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.")

WYOMING

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

3. (EIN 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)

2830 SOMERSET DR, UNIT N403

2830 SOMERSET DR, UNIT N403

5. (Street Address of Principal Office)

6. (Mailing Address)

LAUDERDALE LAKES, FL 33311

LAUDERDALE LAKES, FL 33311

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

Name: NCH Registered Agent

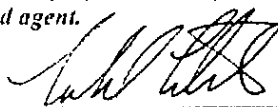
Office Address: 390 North Orange Ave., Ste.2300-N

Orlando, Florida 32801-1684  
(City) (Zip code)

2024 MAY 29 PM 4:31

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)

H24000188979 3

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 checked="" type="checkbox"/> Manager | Name: <u>DONNA MEDFORD</u>                  | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: <u>2830 SOMERSET DR. UNIT N403</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | <u>LAUDERDALE LAKES, FL 33311</u>           | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | _____                                       | Person                               | _____                                |
| <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 _____ |
| <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.

Donna Medford

Signature of an authorized person

DONNA MEDFORD

Typed or printed name of signer

**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,

**TRIUMPHANT HOME SOLUTIONS, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **May 3, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001452149**.

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 28th day of May, 2024 at 3:34 PM. This certificate is assigned ID Number 073114322.



A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State