

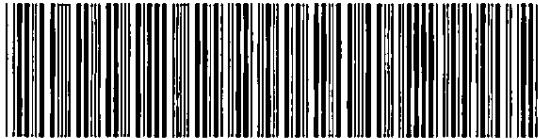
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 MAY 28 PM 4:05

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Trident Holdings Enterprises, 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:

CHRISMAN COOPER

Name of Person

Firm/Company

1110 Hotlyce Avenue

Address

Sehns, F. 33370

City/State and Zip Code

fridenctransitservices @ cutlock.com

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

For further information concerning this matter, please call:

CHRISTIAN COOPER at (863) 449 - 6969
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section

Division of Corporations

Division of
P.O. Box 6327

P.O. BOX 6527
Tallahassee, FL 32314

Street Address:

Registration Section

Division of Corporations

Division of Corporations
The Centre of Tallahassee

The Centre of Tallahassee
3415 N. Monroe Street, Suite 810

2415 N. Monroe Street
Tallahassee, FL 32303

Enclosed is a check for the following amount:

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. Trident Holdings Enterprises, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. STATE OF NEVADA

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

3. 93-4866371

(FEI number, if applicable)

4. 5/14/2024

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

5. 1110 Hohlyee Avenue

(Street Address of Principal Office)

6. 1110 Hohlyee Avenue

(Mailing Address)

Sebring, FL 33870

Sebring, FL 33870

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

Name: CHRISTIAN CORON

Office Address: 1110 Hohlyee Avenue

Sebring, Florida 33870
(City) (Zip code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

24 MAY 28 PM 4:05

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)

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>CHRISTIAN CAREN</u>	<input type="checkbox"/> Manager	Name: <u>Nataliya Caren</u>
<input type="checkbox"/> Member	Address: <u>1110 Hotyee Avenue</u>	<input checked="" type="checkbox"/> Member	Address: <u>1110 Hotyee Avenue</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Sebring, FL 33870</u>	<input type="checkbox"/> Authorized Person	<u>Sebring, FL 33870</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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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.

Signature of an authorized person

CHRISTIAN CAREN MATINGNYE MEMBER

Typed or printed name of signer



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, corporation soles, 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 following is a list of all organizational documents on file in this office for

Trident Holdings Enterprises, LLC

Organizational Documents on File	Filing Date
Articles of Organization	12/14/2023

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, Trident Holdings Enterprises, 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 12/14/2023, and is in good standing in this state.

SECRETARY OF STATE



THE GREAT SEAL OF THE STATE OF NEVADA
ALL FOR OUR COUNTRY
NEVADA
STATE OF NEVADA



Certificate Number: B202405144646778

You may verify this certificate
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 05/14/2024



FRANCISCO V. AGUILAR
Secretary of State