(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

: REGISTERED AGENTS INC. Account Name

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future Email A

Eannual		mailings.	Enter	only	one	emaıĺ	address	please.*	۲
Email A	Address	;							-

Foreign Limited Liability Company Triad Capital Associates, LLC

Certificate of Status	0
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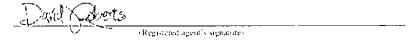
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0502, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT RUSINESS IN THE STATE OF FLORIDA:

Triad Capital Associate (Name of Foreign	os, ELC Tamifed Liability Company, mist include "Limite	d Liabiii	· Company, " I, I C " Or "I, I (")			
I name mayarlable, enter alternate	name adopted for the purpose of transacting business in f	lorala The	alternate name must include "Uninted Embility Company."	"LIC. or "LLC		
WY		3.	85-0738370			
clurisdiction under the law of which foreign immed hability company is organized:			(El-Unomber (Capplicable)			
	(Date first translated business in Florida (Cpris) to (Nec sections 60) 1904 A 608 1905 F. S. to determ	registration	(1)			
		unt le moté				
7901 4th St N STE 300			7901 4th St N STE 300			
rect Address of Principal Office)			(Mailing Address)			
St. Petersburg, FL 33702		St. Petersburg, FL 33702				
				Vision I		
				<u> </u>		
				2		
Name and street address	\overline{ss} of Florida registered agent: (P.O. Box	C <u>SOT</u>	acceptable)	72 - 5		
				<u>ح</u> د		
Name:	Registered Agents Inc			ቶ፡ 02		
Office Address.	7901 4th St N STE 300					
	St. Petersburg		. Florida 33702			
	of gy)		(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.

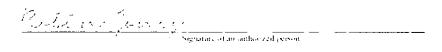


8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity	<u>;</u>	Name and Address:
□Manager	Name: Firth, Vincent	□Manager	Name.	
V Member	Address:	□Member	Address:	
□Authorized	7901 4th St N STE 300	□Authorized		·
Person	St. Petersburg FL 33702	Person		
□ Othe:		□ Other		Other
El Manager	Name:	ll Manager	Name:	
□Member	Address:	[]Member	Address:	
		= Authorized		
Person		Person		
DOther		El Other	·	□Other
L!Manager	Name:	! .Manager	Name:	
□Member	Address:	□Member	Address:	
EAuthorized		□Authorized		
Person		Person		
T.Other	TOther	□ Other		TiOther

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.817.185, F.S.



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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.

Triad Capital Associates, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 11**, **2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000860805**.

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 26th day of July, 2024 at 2:40 PM. This certificate is assigned ID Number 074743125.



Secretary of State