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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: TRIM MEXCOL L	LC
Name of	Limited Liability Company
	pany for Authorization to Transact Business in Florida." Certificate of renced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the	e following:
Jorge 510	(ra
7	iame of Person
Trim MEXCOL	LLC
Fig. 1	irm/Company
3910 Lost Oak	court
	Address
Buford, GA	30519
	rate and ray code
Joizgebellazze 6 E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please call:	
JORGE SICYVA Name of Contact Person	at (678) 777-4205 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 DEPAR \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of St	☐ \$155.00 Filing Fee & 💢 \$160.00 Filing Fee, Certificate

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

	MEXCOL LA	-C			
(Same of Pore	MEXCOL LA	must include "Limited	Liability Company," "L.L.C.,"	or "LLC.")	
unavailable, enter alterr	rate rame adopted for the purpose of tr	ransacting business in Flo	ida. The alternate name must useled	n 11 laufe - 4 1 fa 1 197 - 27	
/_	0.7 6 . 4				
risdiction under the law	ORGIA of which foreign lumited liability comp		3. 2041	7 <i>5</i> 836	
	toreign maned hadminy count	pany is organized)		(FEI number, if applicable)	
	(Date first transacted business				
	(Date first transacted busines (See sections 605,0904 & 60	05.0905, F.S. to determine	penalty liability)		
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dress of Principal Office	()		6. 3910 LOS	TOURCOL	777
	(1 22-1	G	6. 3910 Los (Mailing Address) BUFORD		
UFOrd	1GA 3051	/	BUFORd	161 30	519
					
					
ie and <u>street addr</u>	ess of Florida registered ag	ent: (P.O. Box N	OT acceptable)		
ne and <u>street addr</u>	ess of Florida registered ag	gent: (P.O. Box <u>N</u>	OT acceptable)		200
			<u>OT</u> acceptable)		2024 S
Name:	Jorge S	ICYPA			Zuzi SEP
Name:	Jorge S	ICYPA			2024 SEP 10
Name:	Jorge S	ICYPA			2024 SEP 13
Name:	JORGE S	tainhe	ad Dr		2024 SEP 13 AH
Name:	JORGE S	tainhe	ad Dr	37 <i>70</i>	
Name:	JORGE S	tainhe		3770 p code)	ÁH
Name: Office Address:	JORGE S 1027 FOUN Jargo	tainhe	ad DV Florida 3	p code)	AH 8: 36
Name: Office Address: red agent's accepbeen named as re	JORGE S 1027 FOUN Jargo	tainhe	ad DV Florida 3	p code)	AH 8: 36

(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]: Name and Address: Title or Capacity: Title or Capacity: Name: _____ □ Manager Manager Address: 1027 Fountain head Address: ______ □Member □Member ☐ Authorized □ Authorized Person Person Other_____ □Other ___ Other____ Other _ □Manager □Manager Address: _____ ☐ Member Address: □Member □ Authorized ☐ Authorized Person Person Other_____ Other _____ □Other_____ Other__ Name: _____ □Manager Name: _____ □Manager Address: _____ □Member Address: □Member □ Authorized □ Authorized Person Person □Other_____ Other___ ①Other_____ 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. Signature of an authorized person Typed or printed name of signee

Control Number: 0604015

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

TRIM MEXCOL, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27834063 Date Inc/Auth/Filed: 01/04/2006 Jurisdiction : Georgia Prin Date : 08/20/2024

Form Number : 211



Brad Raffensperger Secretary of State

Brad Rafforsperge