

Division of Corporations

Florida Department of State

Division of Corporations

M24 000013145

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : INCFILE.COM LLC  
Account Number : I20220000070  
Phone : (888)462-3453  
Fax Number : (877)919-2613

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

Email Address: EFILE1234@INCFILE.COM

Foreign Limited Liability Company

TRUGENICS LLC

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

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## COVER LETTER

(((H24000343610 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: TRUGENICS 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:

LOVETTE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFIL.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

Name of Contact Person

at ( 1 )

Area Code

888-462-3453

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 &    ☐ \$155.00 Filing Fee &    ☐ \$160.00 Filing Fee, Certificate  
Certificate of Status    Certified Copy    of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. TRUGENICS 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.")

2. Wyoming 3. 33-1342882  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration. (See sections 602, 6004 & 605, F.S. to determine penalty liability))

5. 1150 Nw 72nd Ave Tower 1 6. 1150 Nw 72nd Ave Tower 1  
(Street Address of Principal Office) (Mailing Address)

Ste 455 #18292 Ste 455 #18292

Miami, FL 33126 Miami, FL 33126

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

Name: REPUBLIC REGISTERED AGENT LLC

Office Address: 1150 Nw 72nd Ave Tower 1 Ste 455

Miami, Florida 33126  
(City) (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.*

Louette Dobson  
(Registered agent's signature)

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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>Scott Hunter</u>            | <input type="checkbox"/> Manager           | Name: <u>John Casey</u>              |
| <input checked="" type="checkbox"/> Member | Address: <u>5830 E 2nd St</u>        | <input checked="" type="checkbox"/> Member | Address: <u>5830 E 2nd St</u>        |
| <input type="checkbox"/> Authorized        | <u>Ste 7000 #19255</u>               | <input type="checkbox"/> Authorized        | <u>Ste 7000 #19255</u>               |
| Person                                     | <u>Casper, WY 82609</u>              | Person                                     | <u>Casper, WY 82609</u>              |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |
| <br>                                       |                                      | <br>                                       |                                      |
| <input type="checkbox"/> Manager           | Name: <u>Keith Mcelyea</u>           | <input type="checkbox"/> Manager           | Name: _____                          |
| <input checked="" type="checkbox"/> Member | Address: <u>5830 E 2nd St</u>        | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized        | <u>Ste 7000 #19255</u>               | <input type="checkbox"/> Authorized        | _____                                |
| Person                                     | <u>Casper, WY 82609</u>              | Person                                     | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |
| <br>                                       |                                      | <br>                                       |                                      |
| <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.

Scott Hunter  
Signature of an authorized person

Scott Hunter  
Typed or printed name of signer

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**STATE OF WYOMING**  
**Office of the Secretary of State**

(((H24000343610 3)))

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

**TRUGENICS LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **October 7, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001533975**.

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 14th day of October, 2024 at 9:48 AM. This certificate is assigned ID Number 077172328.



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

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.

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