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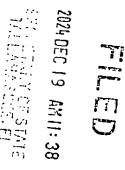
(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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COVER LETTER

TO:

Registration Section

elib iezt.	Triton Capital Partners LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Existence, ar	I "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida			
Please return	all correspondence concerning this matter t	to the following:			
	Andrew Pierce				
	Name of Person				
	CINDY'S FLORIDA LLC				
		Firm/Company			
	8051 N. Tamiami Trail STE E6				
		Address			
		City/State and Zip Code			
	reports@cloudpeaklaw.com				
	E-mail address: (to be	e used for future annual report notification)			
For further in	nformation concerning this matter, please ca	Alt:			
Andrew Pierce		307 683-0983			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
Re	iling Address: gistration Section	Street Address: Registration Section			
Division of Corporations		Division of Corporations			
	D. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
Tai	lahassee, FL 32314	Tallahassee, FL 32303			
Plea	losed is a check for the following amount: ase make check payable to: FLORIDA DEF \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate			

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

IN COMPLANCE 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: Triton Capital Partners LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Triton Holdings International (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.") (Jurisdiction under the law of which foreign limited hability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 1309 Coffeen Avenue STE 16219 1309 Coffeen Avenue STE 16219 (Street Address of Principal Office) (Mailing Address) Sheridan, Wyoming, 82801 Sheridan, Wyoming, 82801 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Andrew Pierce Name: 8051 N. Tamiami Trail STE E6 Office Address: Sarasota 34243 , Florida 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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Andrew Pierce	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	Sarasota, Florida, 34243	□Authorized	
Person		Person	
■Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	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	
Andrew Pierce		
	Typed or printed name of signee	

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,

Triton Capital Partners LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **September 14, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001522493**.

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 27th day of December, 2024 at 2:24 PM. This certificate is assigned ID Number 079371130.

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.