# M25000008945

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(only out of 2 print of my
PICK-UP WAIT MAIL
(Business Entity Name)
(Boomood Emily Nome)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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W25 0000 71951





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# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605,0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company must submit 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.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- > The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," The abbreviation "L.L.C.," or the designation "L.L.C."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

#### The fees to register are as follows:

- \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

#### > Important Information About the Requirement to File an Annual Report

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1<sup>st</sup> and May 1<sup>st</sup>. The fee for the annual report is \$138.75. After May 1<sup>st</sup> a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1<sup>st</sup>, go to our website at <a href="https://www.sunbiz.org">www.sunbiz.org</a>. There is no provision to waive the late fee. Be sure to file before May 1<sup>st</sup>.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

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

CR2E027 (1/19)

## COVER LETTER

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	Triad Services, LLC						
SUBJEC	T:						
	Name of Limited Liability Company						
		oility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florid					
Please re	turn all correspondence concerning this ma	itter to the following:					
	Adam D. Plunk						
		Name of Person					
	Plunk Smith PLLC						
	Firm/Company						
	2801 Network Boulevard, Suite 3	500					
		Address					
	Frisco, Texas 75034						
		City/State and Zip Code					
	kbeechly@plunksmith.com						
	E-mail address:	(to be used for future annual report notification)					
For furth	er information concerning this matter, pleas	se call:					
Adam D. Plunk		972 370-3333 at ( )					
•	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section		Street Address: Registration Section					
Division of Corporations		Division of Corporations					
	P.O. Box 6327	The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amou						
	Please make check payable to: FLORIDA  ■ \$125.00 Filing Fee □ \$130.00 Filin  Certific						

### 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:

	, LLC			
iame unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alternate	name must include "Limited Liabilit	y Company," "L.L.C," or "I.
Texas				
(Jurisdiction under the law of v	which foreign limited liability company is organized)	3	(FEI number, if	applicable)
				_
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) and penalty liability)		
2801 Network Blvd., Ste 300		2801 Network Blvd., Ste 300		
eet Address of Principal Office)		6	Sailing Address)	
Frisco, Texas 75034		Frisco	, Texas 75034	
				<del></del>
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accepta	ble)	
Name and street addre	ss of Florida registered agent: (P.O. Box	: <u>NOT</u> accepta	ble)	_\% <b>~</b>
Name and street addre	_	: <u>NOT</u> accepta	ble)	2025 F
Name and street addre	ss of Florida registered agent: (P.O. Box  Capitol Corporate Services, Inc.	: <u>NOT</u> accepta	ble)	SECTION SECTION
Name:	_	: <u>NOT</u> accepta	ble)	DALLES SAN STORY
	Capitol Corporate Services, Inc.	NOT accepta	ble)	<u> </u>
Name:	Capitol Corporate Services, Inc.	( <u>NOT</u> accepta	ble) 32301	

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.

Mary Fink, Asst. Sec. on behalf of Capitol Corporate Services, Inc.

(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: Name and Address: Title or Capacity: Title or Capacity: Gary Hamilton Manager Manager □Manager Name: \_\_\_\_\_ 2801 Network Blvd □Member Address: □Member Address: \_\_\_\_\_ Suite 300 □ Authorized □ Authorized Frisco, Texas 75034 Person Person □Other\_ □Other \_\_\_ □Other\_\_ □ Other\_\_\_\_\_ Name: Name: \_\_\_\_\_ □Manager □Manager □Member Address: \_\_\_\_\_ □Member Address: \_\_\_\_ □ Authorized □ Authorized Person Person □Other Other\_\_\_ □Other\_\_\_\_ □ Other Name: \_\_\_\_\_ Name: \_\_\_\_\_ ☐ Manager □ Manager Member Address: \_\_\_\_\_ ☐ Member Address: ☐ Authorized □ Authorized Person Person □ Other\_\_\_\_\_ Other\_\_\_\_ 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 Adam D. Plunk, Organizer

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

# Office of the Secretary of State

## **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Triad Services, LLC (file number 805729205), a Domestic Limited Liability Company (LLC), was filed in this office on October 01, 2024.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 04, 2025.



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Jane Nelson Secretary of State

Dial: 7-1-1 for Relay Services Document: 1467273990002