

P220000000424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

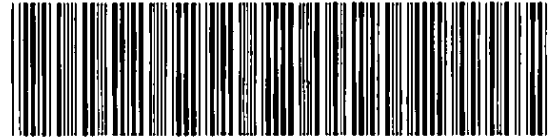
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 JAN -4 PM 4:01

CLERK OF STATE  
TALLAHASSEE, FL

NOT RECORDED

2022 JAN -4 PM 2:58

NOT RECORDED

1/14/22

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 1/4/2022

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 986636

**ORDER ENTITY**  
TRILOGY MERGER INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**TRILOGY MERGER INC. ( FL )**

New corp filing

**NOTES:**

\$70.00 Authorized

Email address for annual report reminders: fred@myvanguard.net

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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2022 JAN -4 PM 4: 01

**CERTIFICATE OF INCORPORATION OF  
TRILOGY MERGER INC.**

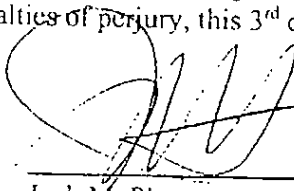
SECRETARY OF STATE  
TALLAHASSEE, FL

Under Section 607.0202 of the Florida Business Corporation Act

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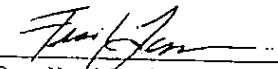
1. The name of the corporation (herein referred to as the "Corporation") is **Trilogy Merger Inc.**
2. The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporation Act, provided that the Corporation is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.
3. The street address of the Corporation's initial principal office and the mailing address of the Corporation is 1200 North Federal Highway, Suite 46, Boca Raton, Florida 33432.
4. The total number of shares of all classes which the Corporation shall have authority to issue is Two Hundred (200), all of which shall be common stock, no par value per share.
5. The street address of the Corporation's initial registered office is 1200 South Pine Island Road, Plantation, Florida 33324, and the Corporation's initial registered agent at that office is NRAI Services, Inc.
6. The name and address of the sole incorporator is Jack M. Platt, 3 South Court, Port Washington, New York 11050.
7. The duration of the Corporation is to be perpetual.
8. The personal liability of the directors of the Corporation is hereby eliminated and limited to the fullest extent permitted by the laws of the State of Florida, as the same may be amended and supplemented from time to time.
9. Whenever under the Florida Business Corporation Act shareholders are required or permitted to take any action by vote, such action may be taken without a meeting on written consent, setting forth the action so taken, signed by the holders of outstanding shares having not less than the minimum number of votes that would be necessary to authorize or take such action at a meeting at which all shares entitled to vote thereon were present and voted.

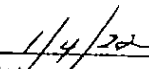
IN WITNESS WHEREOF, the undersigned incorporator hereunto signs his name and affirms that the statements made herein are true under the penalties of perjury, this 3<sup>rd</sup> day of January 2022.

  
\_\_\_\_\_  
Jack M. Platt  
3 South Court  
Port Washington, New York 11050

Having been named as registered agent to accept service of process for the above named corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: NRAI Services, Inc.

  
\_\_\_\_\_  
By: Fred Larison, Assistant Secretary

  
\_\_\_\_\_  
Date:

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SECRETARY OF STATE  
TALLAHASSEE, FL

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