

Secretary of State

LLC-5

Application to Register a Foreign Limited **Liability Company (LLC)**

-FILED-

For Office Use Only

File No.: 202565914876 Date Filed: 2/20/2025

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

| Note: Registered LLCs in California may have to pay minimum \$80 California Franchise Tax Board each year. For more information, go https://www.ftb.ca.gov/ . | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|-------------|-----------------|------------|--|
| 4-110 N | This Space For O | | | Office Use Only | | |
| 1a. LLC Name (Enter the exact name of the LLC as listed on your attache | d Certificate of G | ood Standing.) | | | | |
| Triumvirate Environmental Services, LLC | | | | | | |
| 1b. California Alternate Name, If Required (Only enter an alterna | ite name if the LL | C name in 1a not available in | California. |) | - | |
| | | | | | | |
| | | | | | | |
| 2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached | Certificate of Goo | d Standing.) | | | | |
| a. Jurisdiction (State, foreign country or place where this LLC is formed.) | | | | | | |
| Flor | ida | | | | | |
| b. Authority Statement (Do not after Authority Statement) | | | | | | |
| This LLC currently has powers and privileges to conduct busin- | ess in the stat | e, foreign country or pla | ce enter | ed in Ite | ∍m 2a. | |
| 3. Business Addresses (Enter the complete business addresses. Ite | ms 3a and 3b ca | nnot be a P.O. Box or "in care | of" an ind | ividual or | entity.) | |
| a. Street Address of Principal Office - Do not enter a P.O. Box | City (no abbrevi | lations) | State | Zip Code | | |
| 3701 SW 47th Ave. #109 | Davie | | FL | 33314 | | |
| b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box | City (no abbrevi | City (no abbreviations) | | Zip Code | | |
| | | | CA | | | |
| c. If the Mailing Address is the same as item 3a or 3b, check the applicable box: | √3a 3b | ···· | | | | |
| d. Mailing Address - if different than item 3a or 3b | City (no abbreviations) | | State | Zip Code | | |
| | | | | | | |
| 4. Service of Process (Must provide either Individual OR Corporation |) | | <u>.L</u> | 1 | | |
| INDIVIDUAL Complete Items 4a and 4b only. Must include agent's full | name and Califor | nia street address. | | | | |
| a. California Agent's First Name (if agent is not a corporation) | Middle Name | Last Name | | | Suffix | |
| | | | | | | |
| b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box | City (no abbrev | iations) | State | Zip Co | de | |
| | <u> </u> | | CA | | | |
| CORPORATION - Complete Item 4c only. Only include the name of the | registered agent | Corporation. | | | | |
| c. California Registered Corporate Agent's Name (if agent is a corporation) - Do no | t complete item 4 | or 4b | | | | |
| CSC-Lawyers Incorporating Service | | | | | | |
| 5. Read and Sign Below (Title not required.) | | | | | | |
| By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC | herein is true | and correct and that I a | m autho | rized to | sign | |
| MININI - | David | M. Barbash, Esq. | | | | |
| Signature | | nd Print Name | | | | |
| LLC-5 (REV 11/2023) | | | 2023 Cali | ifornia Secr | etary of S | |

State of Florida Department of State

I certify from the records of this office that TRIUMVIRATE ENVIRONMENTAL SERVICES, LLC is a limited liability company organized under the laws of the State of Florida, filed on December 6, 2024, effective January 18, 1985.

The document number of this limited liability company is L24000502928.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024 and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Eleventh day of February, 2025



Secretary of State

Tracking Number: 0719378151CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication