## **Secretary of State**

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

For Office Use Only

#### -FILED-

File No.: 202565116380 Date Filed: 12/24/2024

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 \$800 tax to the

California Franchise Tax Board each year. For more information, go t <a href="https://www.ftb.ca.gov/">https://www.ftb.ca.gov/</a> .	0	This Spa	ice For Office (	Use Only	,
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	Certificate of G				<u> </u>
TRINITY PROPERTIES, LLC					
1b. California Alternate Name, If Required (Only enter an alternate	te name if the LL	C name in 1a not availa	able in California.	)	
TRINITY PROPERTIES - NEW MEXICO, LLC					
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached 0	Certificate of Goo	d Standing.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
New M	exico				
b. Authority Statement (Do not after Authority Statement)		<del></del>			
This LLC currently has powers and privileges to conduct busine	ess in the stat	e, foreian country	or place enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses, Item	<del></del>	<del>-</del>			
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
2225 Roadrunner Lane	Las Cruces		NM	88007	
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations)		State	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	
P.O. Box 1620	Fairacres	-airacres		88007	
4. Service of Process (Must provide either Individual OR Corporation.)	)	<u>.</u>			
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full r	name and Califor	nia street address.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Nam	ne		Suffix
GINGER	L.	CUPIT	<u>-</u>		
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrev	-	State	Zip Coo	le
19 Pixley Avenue, #12	Corte Ma	dera	CA	94925	
CORPORATION - Complete Item 4c only. Only include the name of the r	registered agent	Corporation.	-		
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not	t complete Item 4a	or 4b		,	
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 th	nat I am autho	rized to	sign

LLC-5

W. Algod

WILLIAM H. CUPIT, JR.

Type and Print Name

# STATE OF NEW MEXICO OFFICE OF THE SECRETARY OF STATE

# **Certificate of Good Standing**

The undersigned Secretary of State for the State of New Mexico does hereby confirm that the entity is registered with the below status in the state of New Mexico

### TRINITY PROPERTIES, LLC

Domestic Limited Liability Company

New Mexico

Active

December 19, 2024

Maggie Soulouse Oli-

MAGGIE TOULOUSE OLIVER

Secretary of State