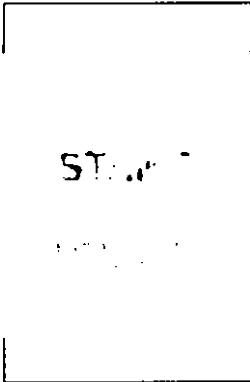




State of Rhode Island
Department of State - Business Services Division

REC'D RIDGESS BSD
24 JUN 21 PM 12:06:44



Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:			
TRIONFO SOLUTIONS, LLC			
Is this company organized in its state or country of formation as a low-profit limited liability company?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
The name, if different, under which it proposes to register and transact business in Rhode Island is:			
2. The LLC is organized under the laws of:		ILLINOIS	
3. The date of its organization is:		1/7/2011	
And the period of its duration is: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Perpetual (on-going)			
<input type="checkbox"/> Date certain for dissolution _____			
4. The name and address of the resident agent/office in Rhode Island is:			
Agent Name		Cogency Global Inc.	
Street Address (NOT a P.O. Box)		222 Jefferson Boulevard	
City/Town	Warwick	State	RHODE ISLAND
		Zip Code	02888
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:			
Custom Software Distribution, as well as third party administrator.			
Check the box to indicate an attachment <input type="checkbox"/>			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 1206
JUN 21 2024
BY 30303

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

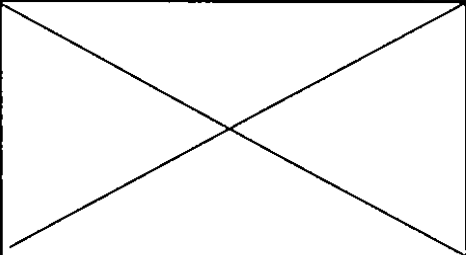
333 W. PIERCE RD., STE. 190 ITASCA, IL 60143

8. The mailing address for the limited liability company is:

333 W. PIERCE RD., STE. 190 ITASCA, IL 60143

9. Management of the Limited Liability Company: **CHECK ONE BOX ONLY**

Members (Owners) OR Manager(s). Complete the chart below.
DO NOT complete the chart below.

	MANAGER(S) NAME	ADDRESS
	Uday Patel	1804 Waban Lane, Schaumburg, IL 60193
	The Flex Group	8770 W. Bryn Mawr Ave #129W, Chicago, IL 60631

Check the box to indicate an attachment

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

- Date received (Upon filing)
- Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of LLC Trionfo Solutions LLC	Date 06/14/2024
--	--------------------

Signature of Authorized Person

uday.patel

Digital signed by: uday.patel
DN: cn=uday.patel
Reason: see the bottom of this document
Location:
Date: 2024.06.14 09:45:28

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

File Number

0348189-1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TRIONFO SOLUTIONS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 07, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 1ST day of MAY A.D. 2024 .

Authentication #: 2412202568 verifiable until 05/01/2025
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 21, 2024 12:06 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

