Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000385362 3)))



H200003853623ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC.

Account Number : I20000000088

: (800)221-0102

Phone

Fax Number

: (800)944-6607

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

r : 1	Address:			
P MAIL	AUULESS.			

FOREIGN PROFIT/NONPROFIT CORPORATION TRUONGB, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: TruongB, Inc.		
Name of corporation - mu	st include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Auth "Certificate of Existence," or "Certificate of Good Standing"	' and check are submitted	ness in Florida." to register the
above referenced foreign corporation to transact business in	Florida.	020
Please return all correspondence concerning this matter to the Brian Truong	e following:	9- A0N
Name of Person		
TruongB, Inc.	···	PH F
Firm/Company 1000 Northeast 3r		100 m
Address		
Boca Raton, FL 33	432	
City/State and Z	ip code	
me@truongbrian.com		
E-mail address: (to be used for fi	ture annual report notifica	ition)
For further information concerning this matter, please call:		
at ()_		
Name of Person Area Code	Daytime Telephone N	lumber
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRI Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF \$70.00 Filing Fee \$\Bigsize\$ \$78.75 Filing Fee & \$\Bigsize\$ \$7	8.75 Filing Fee & partified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

To:

name unavailabl	le in Florida, enter alternate co	orporate name adopted for the purpose of transac	ting business in Florida)		
Delaware		3. 85-3463602			
(State or country under the law of which it is incorporated) 10/08/2020 (Date of incorporation)			(FEI number, if applicable) 5. (Date of duration, if other than perpetual)		
		(Date of duration, if oth			
	(Date first transaction) (SEE SECTIONS 607.	eted business in Florida, if prior to registration) 1501 & 607.1502, F.S., to determine penalty lia	bility)		
1000 Northea	st 3rd Avenue		(* *		
Boca Raton, FL 33432		(Principal office <u>street</u> address)	¥ L:		
ame and <u>street</u>		Current mailing address, if different) ed agent: (P.O. Box <u>NOT</u> acceptable)	<i>,</i> ·		
,	Brian Truong				
Name:		renne			
Name:	1000 Northeast 3rd Av				
Name:	1000 Northeast 3rd Av Boca Raton	33432			
Name:					
Name: fice Address: Registered agentiving been names signated in this arther agree to con	Boca Raton (City) It's acceptance: d as registered agent and topplication, I hereby acceptancy with the provisions of	33432	igree to act in this capa		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Chairman Name: Brian Truong Chairman Name: Brandon Truong Olive Chairman Address: 1000 Northeast 3rd Avenue Olive Chairman Address: 1000 Northeast 3rd Avenue Olive Chairman Address: 1000 Northeast 3rd Avenue Olive Officer Oliver	Kathrine Meer	Fax: 18002210102 To:	Fax: (850) 617-6383	Page	e: 5 of 6 11/06/2020 9:3	5 AM
Director Boca Raton, Fl. 33432 Director Direct		Brian Truong		Bra	andon Truong	
Director Boca Raton, Fl. 33432 Director Boca Raton, Fl. 33432 President President President Secretary Treasurer Secretary Treasurer Chairman Name: Other Officer Other Other Officer Other Other Other Chairman Address: Other Director Director Director President President President Other Officer Other Other Officer Other Other Other Other						
Ovice President				Boca Raton, FL 33432		
Secretary	□President		President			
Chairman Name: Chairman Name: Chairman Name: Chairman Name: Chairman N	□Vice President		Vice President			
Chairman Name: Chairman Name: Director Director	Secretary	□Treasurer	□Secretary		Treasurer	
	Other Officer	Other	XIOther Officer		□Other	
President	□Chairman	Name:	Chairman	Name:		<u></u>
President	□Vice Chairman	Address:	Vice Chairman	Address: _	71 21	_
President	□Director		Director		- · · · · · · · · · · · · · · · · · · ·	.e-: * 1;
Secretary	□President		□President		<u></u>	· · ·
Other	□ Vice President		Vice President		-	· ·
Other	Secretary	□Treasurer	☐ Secretary		☐Treasurer (
□Vice Chairman Address: □Director □Director □Director □Director □President □Vice President □Vice President □Vice President □Vice President □Other □O	Other	Other	Other			_
Director	□Chairman	Name:	Chairman	Name:		
□ President □ Vice President □ Vice President □ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □	□Vice Chairman	Address:	Vice Chairman	Address: _		<u>.</u>
□ Vice President □ Secretary □ Treasurer □ Other □ Other □	□Director		Director			
Secretary	□President		☐ President		 	
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indefindividuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and the she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for s.817.155. F.S. Brian Troung	□Vice President		□Vice President			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indefindividuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and the she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for s.817.155. F.S. Brian Troung	☐ Secretary	□Treasurer	□ Secretary		□Treasurer	
12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and the she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for s.817.155. F.S. Brian Troung	Other		Other		Other	
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and the she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for s.817.155. F.S. Brian Troung	individuals may b	e added to the index when filing your Florida.	Department of State Annual R	eport form.		
she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided to s.817.155, F.S. Brian Troung	14.	Signature of	Director or Officer			
13	she is aware that t s.817.155, F.S. Brian	false information submitted in a document to t Troung	he Department of State constit	rutes a third d	stated herein are true and degree felony as provided	that he or for in

To:

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRUONGB, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRUONGB, INC." WAS INCORPORATED ON THE EIGHTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204018704

Date: 11-05-20

3842695 8300 SR# 20208248722

You may verify this certificate online at corp.delaware.gov/authver.shtml