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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

TTnT Inc

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2016 MAY 31 AM 8:50

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SECRETARY OF STATE

2016 MAY 31 PM 1:33

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JUN 01 2016

SHARON



May 5, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

REGISTERED AGENTS INC.

SUBJECT: TTNT INC
REF: W16000031879

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The alternate name selected for your corporation is not available in Florida. Please select a new alternate name that contains "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." You may make the corrections to the alternate name in the space provided in number one of the application.

The document number of the name conflict is P03000141976.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H16000082017
Letter Number: 416A00009390

2016 MAY 31 AM 8:50

TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

**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.*

TTnT Inc

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

TTnT Florida Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Wyoming

n/a

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
01/30/2015

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
Upon Qualification

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
3030 N. Rocky Point Dr. STE 150A, Tampa, Florida 33607

7. _____
(Principal office address)
3030 N. Rocky Point Dr. STE 150A, Tampa, Florida 33607

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NORTHWEST REGISTERED AGENT LLC

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA

(City)

, Florida 33607

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Tom Glover/Manager/Northwest Registered Agent LLC

(Registered agent's signature)

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.

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JUN 11 2015 P 1:33
SECRETARY OF STATE
TAMPA, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Lina Girgis
3030 N. Rocky Point Dr. STE 150A, Tampa, Florida 33607

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Lina Girgis

3030 N. Rocky Point Dr. STE 150A, Tampa, Florida 33607

Address: _____

Vice President: _____

Address: _____

Secretary: Lina Girgis

3030 N. Rocky Point Dr. STE 150A, Tampa, Florida 33607

Address: _____

Treasurer: Lina Girgis

3030 N. Rocky Point Dr. STE 150A, Tampa, Florida 33607

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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 that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lina Girgis, President

13. _____

(Typed or printed name and capacity of person signing application)

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2011 MAY 2 P 1:33
SECRETARY OF STATE
TAMPA, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

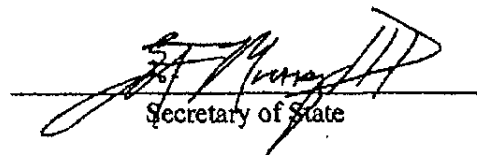
TTnT Inc
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **January 30, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000680141**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 1st day of April, 2016 at 11:08 AM. This certificate is assigned 019834938.




Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.