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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

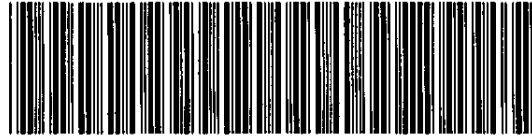
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations
TRINGAPPS INC.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
RAVINDER RANA

Name of Person
Firm/Company
Address
City/State and Zip code
E-mail address: (to be used for future annual report notification)
TRINGAPPS INC.
551 5TH AVE SUITE 1425
NEW YORK, NY 10176
RAVINDER.RANA@TRINGAPPS.COM

For further information concerning this matter, please call:

Name of Person	Area Code	Daytime Telephone Number
RAVINDER RANA	212	485-6465

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified 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.*

TRINGAPPS INC

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
NEW YORK 26-3898220

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
12/16/2008 PERPETUAL

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
07/01/2016

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
551 5TH AVE SUITE 1425, NEW YORK NY 10176

7. _____
(Principal office address)

(Current mailing address, if different)


8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
LEGALINC CORPORATE SERVICES, INC.

Name: _____
5237 SUMMERLINE COMMONS, SUITE 400

Office Address: _____
FORT MYERS 33907
_____, Florida _____
(City) (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.



(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

N/A

Chairman: _____

Address: _____

N/A

Vice Chairman: _____

Address: _____

N/A

Director: _____

Address: _____

N/A

Director: _____

Address: _____

B. OFFICERS

SHAWN KUMAR

President: _____

551 5TH AVE SUITE 1425

Address: NEW YORK, NY 10176

RAVIKUMAR RAMANATHAN

Vice President: _____

551 5TH AVE SUITE 1425

Address: NEW YORK, NY 10176

N/A

Secretary: _____

Address: _____

RAVINDER RANA

Treasurer: _____

551 5TH AVE SUITE 1425

Address: NEW YORK, NY 10176

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.

RAVINDER RANA, CONTROLLER

13. _____

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of TRINGAPPS INC was filed on 12/16/2008, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 04th day of August two
thousand and sixteen.*

Anthony Scardino

Executive Deputy Secretary of State