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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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J. HARRIS

COVER LETTER

TO:	Registration Section				
	Division of Corporations 3TP Ventures Inc				
SUBJ	ECT:				
	Nan	ne of corporati	on - mus	t include suffix	
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign ficate of Existence," or "Certific referenced foreign corporation to	ate of Good St	tanding"	and check are sub-	t Business in Florida," mitted to register the
	return all correspondence conce teinbeck	erning this mat	ter to the	following:	
		Name o	of Person		
3TP V	entures Inc				
	Alt I Province	Firm/Co	ompany		
2460 9	Sedgefield Drive		•		
		Ad	dress		
Chape	l Hill, NC 27514				
-		City/State	and Zip	code	· · · · · · · · · · · · · · · · · · ·
alan@	3tpventures.com	-			
	E-mail add	ress: (to be use	d for fut	ure annual report n	otification)
For fu	rther information concerning thi	is matter, pleas	e call:		
Alan S	an Steinbeck 919 636-2834				
		at ()		
	Name of Person	Area C	ode	Daytime Telepl	none Number
	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection rporations
Enclo	sed is a check for the following	amount:			
□ \$7	0.00 Filing Fee \$78.75 F Certifica	iling Fee & te of Status		75 Filing Fee & ified 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.

3TP Ventures Inc.

	orporation: must include "INCORPORATE orp," "Inc," "Co," or "Corp,")	D." "COMPANY," "CORPORATIO	Э.,"			
(If name unavails	able in Florida, enter alternate corporate na	ne adopted for the purpose of transact 82-3633810	ing business in Florida)			
12/04/17		Perpetual				
4(Date N/A 6.	of incorporation)	2. (Date of duration, if other	(Date of duration, if other than perpetual)			
_	Orive, Chapel Hill, NC 27514	ncipal office address)				
	(Current ma	niling address, if different)				
	(Current ma et address of Florida registered agent: (Anthony Pastorini	ailing address. if different)				
Name:	et address of Florida registered agent: (Anthony Pastorini 738 SW Myakka River Trace	niling address, if different) P.O. Box <u>NOT</u> acceptable)	1 TO			
	et address of Florida registered agent: (Anthony Pastorini	P.O. Box NOT acceptable)	ST TO SEE			

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.

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

A. DIRI	ECTORS Alan Steinbeck			
Chairman	:2460 Sedgefield Drive,			
Address:	Chapel Hill, NC 27514			
Vice Chai	rman:			
	•			
Director:				.
Address:			, ,	
Director:				
D OFF	ICODO.			
B. OFF	Alan Steinbeck			
President	2460 Sedgefield Drive			
Address:	Chapel Hill, NC 27514			
Vice Pres	ident:		<u>(2)</u>	
Address:		The title	<u> </u>	eney.
		13 gr.	<u>ထ</u>	Marija (Eliza (
Secretary	Jeanne Scruggs	€ , :		G Fr:
Address:	2460 Sedgefield Drive, Chapel Hill, NC 27514	¥.	IV:	
Treasurer	:	33.5	() (N.2.	
Address:			<u>-</u>	
NOTE:	If necessary, you may attach an addendum to the application listing additional office	cers and/or dir	ectors	i .
12	full total			
are true a a third d	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirm and that he or she is aware that false information submitted in a document to the Deegree felony as provided for in s.817.155, F.S. K. Steinbeck, President	epartment of S	s stated	d herein onstitutes
7	(Typed or printed name and capacity of person signing application))		



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

3TP VENTURES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 4th day of December, 2017, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate





Scan to verify online,

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of February, 2018.

Elaine J. Marshall

Secretary of State