F1800000 M21

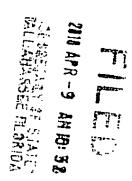
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



700311047097

03/29/18--01011--008 **87.50



APR 12 Min

COVER LETTER

TO: Registration Se Division of Col			
SUBJECT:	TRIPLE Three Name of corporate	ion - must include suffix	Tre
Dear Sir or Madam:			
"Certificate of Existence	ion by Foreign Corporation e," or "Certificate of Good S n corporation to transact bus	Standing" and check are su	
Please return all corresp	ondence concerning this ma	itter to the following:	
Ange	la Withi	01+	
.			
Aogel	a With	COLT: CPA	
1			
202	100 LACE	CAS cade T	Road
	Ac	Idress	
_ Land	0 LAKES		4637
		e and Zip code	,
awit	thote anerica E-mail address: (to be us	an med, Cal Coned for future annual report	notification)
For further information	concerning this matter, plea	se call:	
Angela Warne of Perso	n Area (08) <u>239–48 ;</u> Code Daytime Tele	phone Number
STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle	MAILING A Registration of C Division of C P.O. Box 632 Tallahassee,	Section Corporations 17
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



March 30, 2018

ANGELA WITTHOLT 20200 LACE CASCADE ROAD LAND O LAKES, FL 34637

SUBJECT: TRIPLE THREAT MEDIA, INC.

Ref. Number: W18000030924

We have received your document for TRIPLE THREAT MEDIA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L10000111079.

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

Letter Number: 718A00006486

RECEIVED
2018 APR -9 AM 11: 31
DEPARTMENT OF STATE
TALLAHASSEF, ET CHAT

AIR -9 AH BO 32

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.

1. Riple threat Media INC	
(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)	
2. NJ 3. 20-2899554 (FEI number, if applicable)	
4. 5-13-2005 5. (Date of incorporation) (Date of duration, if other than perpetual)	
6	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 630 Madison Are 2Nd FL Manalapan NJ 07721	6
(Principal office address)	_
(Current mailing address, if different)	
(Current manning address, it different)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
€ 4.5 mg	T
Name: Eugene Conselvea	
Office Address: 11850 MLK JR STN 15-306	Ę.,
St Petrasburg Florida 33716 (City) (Zip code)	E.
(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. 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.

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. DIRECTORS Address: ____ Vice Chairman: Address: **B. OFFICERS** 11850 MLK JR ST N APT 15-306 Vice President: Address: _____ Secretary: __ Treasurer: __ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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 fellow as provided for in s.817,155, F.S.

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

13. _____

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

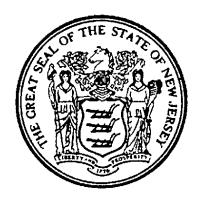
TRIPLE THREAT MEDIA, INC. 0100944987

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on May 03, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

EUGENE CONSELYEA 630 MADISON AVENUE MANALAPAN, NJ 07726



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 26th day of March, 2018

Elizabeth Maher Muoio Acting State Treasurer

Certificate Number: 6087035558

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp