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^B KINSEY 4U6 _{1 3 2019} CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 873697 8281371

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : August 7, 2019

ORDER TIME : 12:01 PM

ORDER NO. : 873697-005

CUSTOMER NO: 8281371

FOREIGN FILINGS

NAME: TRUEBEING, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

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.

(Enter name of	corporation; must include "INCORPORATED," "	COMPANY " "CORPORATION) 1
"lnc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")		•
(If name unavail	able in Florida, enter alternate corporate name ado	nted for the number of transacting	t business in Florida)
Delaware		_	,
(State or norm)	3.	(EE1 .) .'C	T- (1)
07/24/2019	State or country under the law of which it is incorporated) (FEI number, if appl		licable)
	5		
(Date	e of incorporation)	(Date of duration, if other t	han perpetual)
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502)		v)
1600 SW 12th St	(SEE SECTIONS 607.1501 & 607.1502, . Miami, FL 33129		y)
1600 SW 12th St	(SEE SECTIONS 607.1501 & 607.1502, . Miami, FL 33129 (Principal o	F.S., to determine penalty liability	
. 200	(SEE SECTIONS 607.1501 & 607.1502, Miami, FL 33129 (Principal of Current mailing and	F.S., to determine penalty liability office address) ddress, if different)	
. 200	(SEE SECTIONS 607.1501 & 607.1502, . Miami, FL 33129 (Principal o	F.S., to determine penalty liability office address) ddress, if different)	
. 200	(SEE SECTIONS 607.1501 & 607.1502, Miami, FL 33129 (Principal of Current mailing and	F.S., to determine penalty liability office address) ddress, if different)	20
Name and stree Name:	(SEE SECTIONS 607.1501 & 607.1502, Miami, FL 33129 (Principal of Current mailing and est address of Florida registered agent: (P.O. B	F.S., to determine penalty liability office address) ddress, if different)	2019 AUG 1 2
Name and stree	(SEE SECTIONS 607.1501 & 607.1502, Miami, FL 33129 (Principal of Current mailing and address of Florida registered agent: (P.O. B) Corporation Service Company 1201 Hays Street Tallahassee	F.S., to determine penalty liability office address) ddress, if different)	2019 AUG 1

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.



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. DIR	ECTORS			
Chairman	Gissette Onorato			
Address:	1600 SW 12th St.			
	Miami, FL 33129			
Vice Chai	rman:			
Address:		·		
Director:	Justin Onorato			
Address:	1600 SW 12th St.			
riouress.	Miami, FL 33129	-		
Director:	Lucas Arrow			
	1315 Cleveland Rd.			
,	Miami Beach, FL 33141			
B. OFFI	CERS			
President:	Gissette Onorato			
Address:	1600 SW 12th St.		2019	
	Miami, FL 33129	ř.	9 AU	-71
Vice Presi	dent:	÷.	2	4 ergen
		; ; ;	<u>⇒</u>	r.
		हुँग, स्थाः	=	1
Secretary:	Lucas Arrow	; ;; ;	2	
Address: _	315 Cleveland Rd. Miami Beach, FL 33141			
Treasurer:				
Address: _				
NOTE: I	necessary, you may attach an addendum to the application listing additional offic	ers and/or dire	ctors.	
12	Signature of Director or Officer			
are true an	U Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms d that he or she is aware that false information submitted in a document to the Depree felony as provided for in s.817.155, F.S.	that the facts s	stated he te const	erein itutes
13. Gisset	te Onorato, Chairman, President & CEO			
	(Typed or printed name and capacity of person signing application)			



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TRUEBEING, 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 TWELFTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRUEBEING, INC."

WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2019.

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



Authentication: 203390132

Date: 08-12-19