Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000110466 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

Phone : (702)866-2500 Fax Number : (702)866-2689

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

Email Address: Documents@Incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Pipe Technologies Inc.

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

APR 17 2020

M. SOLOMON

H20000110466 3

COVER LETTER

| | TO: Registration ! | | | | • | | | |
|---------|---|--|------------------|---|--|--|--|--|
| | SUBJECT: Pipe T | echnologies Inc. | | | | | | |
| | SUBJECT: | Name of e | corporation - n | nust include suffix | | | | |
| | Dear Sir or Madam: | | | | | | | |
| | "Certificate of Existe | eation by Foreign Corp nce," or "Certificate of eign corporation to tran | Good Standin | g" and check are subr | t Business in Florida," nitted to register the | | | |
| | Please return all corre Heather Glenn | espondence concerning | this matter to | the following: | | | | |
| | | | Name of Per | son | . | | | |
| | InCorp Services, Inc. | | | | | | | |
| | Firm/Company | | | | | | | |
| | 3773 Howard Hughes Pkwy. Suite 500S Address | | | | | | | |
| | | | | | | | | |
| | Las Vegas, NV 891 | 69-6014 | | | | | | |
| | | (| City/State and | Zip code | | | | |
| | documents@incorp.com E-mail address: (to be used for future annual report notification) | | | | | | | |
| | | | | | | | | |
| | For further information | on concerning this mat | ter, please call | | | | | |
| Heather | Glenn on behalf of In(| Corp Services, Inc. _{at} | 800 | 0-246-2677 ext. 692 | 4 | | | |
| | Name of Per | | Area Code | Daytime Teleph | none Number | | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1. 32303 | | | MAILING Al Registration S Division of Co P.O. Box 6327 Tallahassee, F | ection orporations 7 | | | |
| | Enclosed is a check f Please make check pay \$70.00 Filing Fee | or the following amount to the | ARTMENT O | F STATE 78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy | | | |

To: 18506176383

Page: 3/5

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.

| If name unavail | ble in Florida, enter alternate corporate name ado | pted for the purpose of transacting business in Florida | |
|--------------------------------|--|---|--|
| Delaware | 3 | | |
| (State or countr | y under the law of which it is incorporated) | (FEI number, if applicable) | |
| 5/20/2019 | 5. | | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | |
| January 27, 20 | 020 | | |
| 40 S Lemon | ` | , F.S., to determine penalty liability) | |
| 40 S Lemon | Ave # 7668, Walnut, CA 91789 (Principal office s | | |
| 40 S Lemon | Ave # 7668, Walnut, CA 91789 (Principal office s | | |
| Name and stre | Ave # 7668, Walnut, CA 91789 (Principal office s | ddress, if different) Box NOT acceptable) | |
| · | Ave # 7668, Walnut, CA 91789 (Principal office so (Current mailing act address of Florida registered agent: (P.O. E | ddress, if different) Box NOT acceptable) | |
| Name and <u>stree</u> Name: | (Principal office set address of Florida registered agent: (P.O. B. InCorp Services, Inc. | ddress, if different) | |

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.

Heather Glenn on behalf of InCorp Services, Inc.
(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.

| | From: GFI FaxMaker To: 18506176383 | Page: 4/5 Date: 4 | 4/16/2020 6:4 H2 | 19:46 AM 20000110466 | 3.3 | |
|---------------------|--|------------------------------------|------------------------------------|---|-----------------------|-------------|
| A. DIRECTORS | | | | | , 0 | |
| □ Chairman | Nume: Harry Hurst | ☐ Chairman | Nune: Zair | n Allarakhia | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | |
| Director | 8787 Shoreham Drive #608 | ■Director 8100 | Oceanview | Terrace #304 | | |
| □President | West Hollywood, CA 90069 | San Francisco, CA 94132 ☐President | | | | |
| □Vice President | | □Vice President | | | | |
| ☐ Secretary | Treasurer | ■ Secretary | | Treasurer | | |
| Other | Other | □Other | | □Other | | |
| □Chairman | Name: | □Chairman | Name: | | | |
| □Vice Chairman | Address: | □ Vice Chairman | Address: | | | |
| Director | 2251 Lyric Avenue | Director | | | | |
| President | Los Angeles, CA 90027 | □President | | | | |
| □Vice President | | □Vice President | | | | |
| ☐ Secretary | ☐Treasurer | □ Secretary | | ☐Treasurer | 202 0 A | , |
| Other | □ Other | Other | | □Other 分量 | APR I | |
| □Chairman | Name: | □Chairman □Vice Chairman | | Y OF STARE | 6 AM 0: 13 | ¦π —€ |
| □Director | | ☐Director | | | | |
| □President | | □President | | · · · · · · · · · · · · · · · · · · · | | |
| □Vice President | | □Vice President | | | | |
| □ Secretary | □Treasurer | □ Secretary | | Treasurer | | |
| □Other | | Other | | Other | | |
| individuals may be | Use an attachment to report more than six (6). The candded to the index when filing your Florida Depar Signature of Direct | tment of State Annual Re | epart form. | | | |
| The officer or dire | ector signing this document (and who is listed in nur also information submitted in a document to the Dep | nber 11 above) affirms the | hat the facts s utes a third de | tated herein are true a egree felony as provid | ind that led for i | he or in |

13. Josh Mangel, President

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

s.817.155, F.S.

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PIPE TECHNOLOGIES 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 FIFTEENTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PIPE TECHNOLOGIES INC." WAS INCORPORATED ON THE TWENTIETH DAY OF MAY, A.D. 2019.

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

Authentication: 202768227

Date: 04-15-20