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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: T Pinnacle Inc	
	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact businesses."	anding" and check are submitted to register the
Please return all correspondence concerning this mat	ter to the following:
Eric Mass	
Name (of Person
T Pinnacle Inc.	
Firm/Co	ompany
Maple Shade NJ 08052	API. D
AU	urcss
maple small NJ 08057	e and Zip code
info@triumphpinnacle.com	e and Zip code
	d for future annual report notification)
	·
For further information concerning this matter, please	e call:
Eric Mass at (856	ode) 242-1499 Daytime Telephone Number
Name of Person Area Co	ode Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	NT OF STATE □ \$78.75 Filing Fee & ■ \$87.50 Filing Fee, Certified Copy Certified Copy 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.

Delaware (State or country under the 09/22/2020 (Date of incorpo	(Date first transacted business in EE SECTIONS 607.1501 & 607.1	(FEI number, if (Date of duration, if other of Florida, if prior to registration)	9 之 applicable) er than perpetual)
(State or country under the 09/22/2020 (Date of incorpo	(Date first transacted business in EE SECTIONS 607.1501 & 607.1501	(Date of duration, if other	er than perpetual)
(Date of incorpo	(Date first transacted business in EE SECTIONS 607.1501 & 607.1501	(Date of duration, if other	er than perpetual)
(Date of incorpo	(Date first transacted business in EE SECTIONS 607.1501 & 607.1501	n Florida, if prior to registration)	
(\$	(Date first transacted business in EE SECTIONS 607.1501 & 607.1501	n Florida, if prior to registration)	
-	EE SECTIONS 607,1501 & 607.1.		ility)
-	EE SECTIONS 607,1501 & 607.1.		ility)
(S 8 The Green Ste A Dover, D		502, F.S., to determine penalty liab	utity)
w The Green Sie A Dover, D	E 19901		
	15 1 1 00		
	(Principal off	ce <u>street</u> address)	
	· · · · · · · · · · · · · · · · · · ·	ng address, if different)	
	(Current mann	ig address, if different)	
Name and street address	of Florida registered agent: (P.C) Boy NOT acceptable)	20 5 7A(
Fric Ma		o. Box <u>ivor</u> acceptable	SECRETARY ALLAHASSE
Name:			OV 17
ffice Address: 4085 Ca	nary Palm Cir		17 558
Plant Ci	у	, Florida <u>33566</u>	PR I
	(City)	(Zip code)	PH IZ: 01
			·
Registered agent's acce	•		∵ —

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Eric Mass Name: Name: ☐ Chairman □Chairman 8 The Green Ste A □Vice Chairman ☐ Vice Chairman Address: Address: Dover, DE 19901 □ Director □ Director President □President □ Vice President ☐ Vice President □ Secretary □ Treasurer □ Secretary □Treasurer □Other_____ Other____ □Other _____ Other____ Name: □ Chairman Name: □ Chairman □Vice Chairman Address: _____ ☐ Vice Chairman Address: □ Director □ Director □ President □ President □ Vice President □ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □Other____ □Other _____ Other_____ □Other _ _ _ _ □ Chairman Name: ____ _____ □Chairman Name: _____ □Vice Chairman Address: ☐ Vice Chairman Address: □Director □ Director ☐ President □President □ Vice President ☐ Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer ☐Other _____ ☐Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form, 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. Eric Mass

Page 1



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

DELAWARE, DO HEREBY CERTIFY "T PINNACLE 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2020.

Authentication: 204097832

Date: 11-17-20