F22000004665

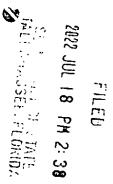
(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

Office Use Only



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T. LEMIEUX

COVER LETTER

TO:	Registration S Division of Co						
SUBJ	FCT:	TRUELI	NE INTERNA	TIONA	L GROUP INC.		
3000	ECT	Name	of corporatio	n - mu	st include suffix		
Dear S	ir or Madam:						
"Certif	icate of Existen		e of Good Sta	nding` <mark>`</mark>	and check are sub	et Business in Florida," mitted to register the	
Please	return all corre	spondence concerr	ning this matte	r to the	e following:		
			JOSEPH ROF	BINSO	N		
			Name of	Perso	n		
			Firm/Cor	npany			
			3040 NW 96	5TH S1	Ī		
			Addı	ress			
			MIAMI, FI	. 33147	•		
	•		City/State	and Zij	p code		
			corpjosephrob	inson@	gmail.com		
		E-mail addres	ss: (to be used	for fut	ure annual report n	otification)	
For fur	ther informatio	n concerning this i	matter, please	call:			
JOSEPH ROBINSON			786 at () 77	779-8354		
	Name of Pers	on	Area Coo	de	Daytime Telepl	hone 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		
Please r	nake cheek paya	or the following and	DEPARTMEN'				
■ \$ 70	.00 Filing Fee	S78.75 Fili Certificate	_		.75 Filing Fee & tified Copy	S87.50 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.

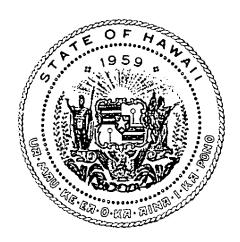
TRUELING INTERNATIONAL GROUP INC.

under the law of which it is incorporated.

name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida				
HAWAII	3	88-1923770				
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)				
5/16/2020	5	PERPETUAL				
(Date	of incorporation)	(Date of duration, if other than perpetual)				
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)				
		TI ST MIAMI, FL 33147				
	(Current maili	fice <u>street</u> address) ng address, if different)				
Name and <u>stree</u> Name:	•	ng address, if different)				
Name:	(Current mailiet address of Florida registered agent: (P. JOSEPH ROBINSON 3040 NW 96TH ST	ng address, if different) O. Box NOT acceptable)				
Name:	(Current mailiet address of Florida registered agent: (P. JOSEPH ROBINSON 3040 NW 96TH ST	ng address, if different) O. Box NOT acceptable)				
	(Current mailiet address of Florida registered agent: (P. JOSEPH ROBINSON 3040 NW 96TH ST	ng address, if different)				

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

A. DIRECTORS				
□Chairman	Name: JOSEPH ROBINSON	□Chairman	Name:	
□Vice Chairman	Address: 3040 NW 96TH ST	□Vice Chairman	Address:	
Director	MIAMI, FL 33147	[]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		□Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman		
Director	Address.	Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		☐Treasurer
□Other	Other	□Other		□Other
		Itment of State Annual Re		purposes only. Non-indexed
The officer or direction is aware that fas.817.155, F.S.	Signature of Director signing this document (and who is listed in nucles information submitted in a document to the De	mber 11 above) affirms th	at the facts stat tes a third degr	ted herein are true and that he or ree felony as provided for in
13.	JOSEPH ROBINSON	l PRESIE	DENT	



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

TRUELINE INTERNATIONAL GROUP INC.

was incorporated under the laws of Hawaii on 05/16/2020; and that it is an existing corporation in good standing, and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: June 15, 2022

Cathir. Choat Cath

Director of Commerce and Consumer Affairs