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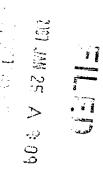
(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Coples	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

SUBJECT:O	NECO INC.	
(Nar	me of corporation - must include suffix)	
Dear Sir or Madam:		
	Corporation for Authorization to Transact Busine submitted to register the above referenced forming this matter to the following:	
	(Name of Person)	
ONECO	•	
	(Firm/Company)	
5349 Blue	Heron Lane	ers smit
	(Address)	
wesley Chape	(City/State and Zip code)	ં ા નેંદ્ર છો
	(City/State and Zip code)	>
w C		·····································
For further information concerning this	matter, piease call:	2 S
Robert ONG	at (813) 991-698 (Area Code & Davtime Telephone Nu	1
(Name of Person)	(Area Code & Daytime Telephone Nu	mber)
STREET/COURIER ADDRE	SS: MAILING ADDRE	66.
New Filing Section	New Filing Section	
Division of Corporations Clifton Building	Division of Corporati P.O. Box 6327	ions
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 323	14
Enclosed is a check for the following an	nount:	
\$70.00 Filing Fee \$78.75 Filin	ng Fee & \$78.75 Filing Fee & \$8	7.50 Filing Fee,
Certificate		Certificate of Status & Certified Conv

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," "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) (State or country under the law of which it is incorporated) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Heron Lane Office Address: 10. 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 proxisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept (life obligations of my position as registered agent. (Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	3
Chairman:	
Address:	2
Vice Chairman:	9
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Pamela ONG	
Address: 5349 BIVE HERON LANC	
Wesley Chapel, FL 33543	
and policy of the	
Address: 5349 Blue Heran Cane	
wesley Chapel, FL 33543	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary you may attach an addendum to the application listing additional officers a	nd/or directors.
13. (Signature of Director or Officer listed in number 12 of the application)	
Carbond Ones up	
(Typed or printed name and capacity of person signing application)	

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ONGCO INC. was filed on 01/28/2003, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 17th day of January two thousand and seven.

Special Deputy Secretary of State

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