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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Tgpite Ix. Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Fern C. Portnoy
Name of Person
Ignite Inc.
Firm/Company
223 Egremont Plain Rd. #36
$\Delta t = \Delta t$
Cst, Barrington Ma 0/230 City/State and Zip code
Fern @ portnovachisors. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JoAnna Phillips at (413) 644-9556
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations MAILING ADDRESS: New Filing Section Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\Boxed{1}\$ \$78.75 Filing Fee & \$\Boxed{2}\$ \$78.75 Filing Fee & \$\Boxed{2}\$ \$87.50 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.

1. Ignite	: Incorporated	
	corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Corp," "Inc," "Co," or "Corp.")	3200
Tapik Fo	L / NCST DOTAL FOR A suitable in Florida, enter alternate corporate name adopted for the purpose of transacting business in F	Sorder Co
2. New Ye	y under the law of which it is incorporated) 3. 22-3697043 (FEI number, if applicable)	PH 9: 59
\		U,
4. <u>Decemb</u>	te of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpe	
c 1/10	(2 masses, von control prop	,
6. <u>/ / / / / / / / / / / / / / / / / / /</u>	(Date first transacted business in Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 131000	Rivoli Drive Palm Black Gardens, FL 334	110_
13660	(Principal office address) Rivoli bye Polm Beach Gardens, FL 3: (Current mailing address)	3410
1		
8. <i>Consul</i>	(s) of corporation authorized in home state or country to be carried out in state of Florida)	
(Purpose((s) of corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and street	reet address of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	Fern C. Portney	
Office Address:	13660 Rivoli Dr.	
	Palm Beach Garolers, Florida 33410 (City) (Zip code)	
	(City) (Zip code)	
10. Registered a	agent's acceptance:	
Having been nan	med as registered agent and to accept service of process for the above stated corporation	
aesignated in this	is application, I hereby accept the appointment as registered agent and agree to act in t	nis capacity.

(Registered agent's signature)

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.

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 Chairman: _____ Vice Chairman: Address: __ Director: Address: Director: Address: **B. OFFICERS** President: Fern C. Hortno Address: /3/000 rders FL 33410 Vice President: Address: Secretary: DOG Dr. Palm Beach Gardens FL 33410 Address: 130100 Treasurer: _ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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.

(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 IGNITE INC. was filed on 12/21/1999, 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.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 02nd day of October two thousand and thirteen.

Chutiny Scardina

Executive Deputy Secretary of State