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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: CORRA TECHNOLOGY, INC.
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:
RON BONGO
Name of Person
CORRA TECHNOLOGY, INC.
Firm/Company
363 BLOOMFIELD AVENUE
Address
MONTCLAIR, NJ 07042 City/State and Zip code
City/State and Zip code
DIANNEKELLYCPA@AOL.COM E-mail address: (to be used for future annual report notification)
E-mail address. (to be used for rature annual report notification)
For further information concerning this matter, please call:
RON BONGO at (973) 783-2783 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy \$87.50 Filing Fee, Certified Copy

Ĩ,

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. CORRA TECHNOLOGY, INC. (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 2. NEW JERSEY (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 363 BLOONFIELD AVENUE, MONTCLAIR, NJ 07042 (Principal office address) 363 BLOOMFIELD AVENUE, MONTCLAIR, NJ 07042 (Current mailing address) 8. E COMMERCE SERVICES PROVIDER (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: **RON BONGO** Office Address: 2233 MADACA LANE #203 LAND O LAKES (City)

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 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.

(Registered egent'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.

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CORRAT	LECHNOL	OGY	INC.

20-0001738

ATX1

12. Names and business addresses of officers and/or directors:

A. DIRE	CTORS
Chairman:	RON BONGO
Address:	29 OUTLOOK PLACE
	GLENRIDGE, NJ 07028
Vice Chairn	nan:
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFI	CERS
President:	RON BONGO
Address:	29 OUTLOOK PLACE
	GLENRIDGE, NJ 07028
Vice Preside	ent:
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
	ecessary you may attach an addendum to the application listing additional officers and/or directors.
13. V	ecossary you may attach an advention to the application listing additional officers and/or directors.
is	Signature of Director or Officer
are true an	or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes are felony as provided for in s.817.155, F.S.

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

CORRA TECHNOLOGY INC

0100881369

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on May 29, 2002.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:

Ron Bongo 363 Bloomfield Avenue Suite 3c Montcalir, NJ 07042

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Certificate Number: 131390452

Verify this certificate online at

 $http://www1.state.nj.us/IYTR_StandingCert/JSP/Verify_Cert.jsp$

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 4th day of March, 2014

Andrew P Sidamon-Eristoff

State Treasurer