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Florida Department of State
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FOREIGN PROFIT/NONPROFIT CORPORATION
CELLE, INC.

Certificate of Status	0
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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. CELLE, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. MONTANA 3. 81-3291311
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 28, 2007 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 515 E LAS OLAS BOULEVARD SUITE 120 Ft Lauderdale, Florida 33301, United States
(Principal office address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JAMES SCOGNAMIGLIO

Office Address: 515 E LAS OLAS BOULEVARD SUITE 120
Ft Lauderdale, Florida 33301
(City) (Zip code)

9. 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 agent's signature)

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 under the law of which it is incorporated.

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

A. DIRECTORS

Chairman: JAMES SCOGNAMIGLIO

Address: 515 E LAS OLAS BOULEVARD SUITE 120 Ft Lauderdale, Florida 33301, United States

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JAMES SCOGNAMIGLIO

Address: 515 E LAS OLAS BOULEVARD SUITE 120 Ft Lauderdale, Florida 33301, United States

Vice President: _____

Address: _____

Secretary: JAMES SCOGNAMIGLIO

Address: 515 E LAS OLAS BOULEVARD SUITE 120 Ft Lauderdale, Florida 33301, United States

Treasurer: JAMES SCOGNAMIGLIO

Address: 515 E LAS OLAS BOULEVARD SUITE 120 Ft Lauderdale, Florida 33301, United States

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

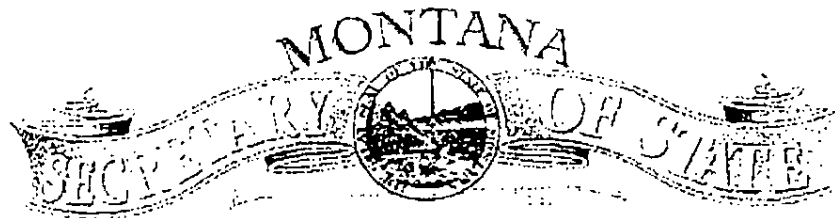
Signature of Director or Officer

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.

13. JAMES SCOGNAMIGLIO, PRESIDENT

(Typed or printed name and capacity of person signing application)

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CERTIFICATE OF EXISTENCE

I, **COREY STAPLETON**, Secretary of State for the State of Montana, do hereby certify that:

CELLE, INC.

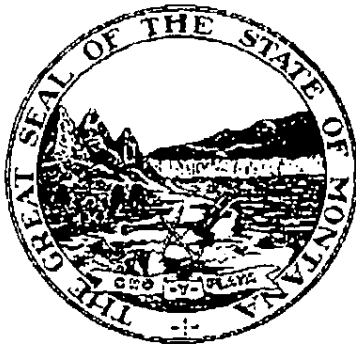
duly filed its Articles Of Incorporation for the domestic entity in this office on **December 28, 2007**, and on that date was authorized to transact business in this state for a term of Perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on record in this office by said corporation and the records indicate the corporation is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 10th day of August, 2017.

A handwritten signature in cursive script, appearing to read "Corey Stapleton".

COREY STAPLETON
Montana Secretary of State
Certificate Number: 081020170327