Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

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Account Name : AGENTS AND CORPORATIONS, INC

Account Number : 720610000112 Phone : (302)575-0875 : (302):75-1642 Tax Number

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FOREIGN PROFIT/NONPROFIT CORPORATION SONA CORPORATION

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August 8, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

AGENTS AND CORPORATIONS, INC

SUBJECT: SONA CORPORATION

REF: W19000072709

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

PLEASE REMOVE DBA FROM THE ALTERNATE NAME,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Zakiya M Brown FAX Aud. #: H19000235825 Regulatory Specialist II Letter Number: 519A00016306

H19000235825 3

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. SONA CORPO				
(Enter name of a "Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp," "Inc." "Co," or "Corp.")	-COMPANY," "CORPORATION	ξ"	
CHECETTO	ENT CURP			
(If name unavailed DELAWARE 2.	able in Florida, enter alternate corporate name at			
	y under the law of which it is incorporated) 5.	(FEI number, if ap		
(Date UPON QUALII	of incorporation)	(Date of duration, it other	than perpetual)	
9066 DUPONT F	(Date first transacted business in (SEE SECTIONS 607.150) & 607.150 (PLACE, WELLINGTON, FL 33414	Florida, if prior to registration) 12, F.S., to determine penalty liabili	Ty)	
·	(Principe	d office address)		
	(Current mailing	address, if different)	2019	
S. Name and street Name:	et address of Florida registered agent: (P.O TIM CHECETTO	. Box NOT acceptable)	AUG -	
Office Address:	9066 DUPONT PLACE		A	
	WELLINGTON	33414 , Florida	9	
	(City)	(Zip code)	25	
designated in this further agree to c	ent's acceptance; and as registered agent and to accept service application, I hereby accept the appointm omply with the provisions of all statutes re familiar with and accept the obligations of	ent as registered agent and agr clative to the proper and comple	ee to act in this capu	chy. I
_				
	(Registered a	gent'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.

11.	Names	and	business	addresses	of officets	and/or directors:
-----	-------	-----	----------	-----------	-------------	-------------------

A. DIRECTORS TIM CHECETTO	
Office Disponer by ANN Mark Disponer	
Address:	
Vice Chairman: 9066 DUPONT PLACE WELLINGTON FOR TAKE	
Address:	
Director.	
Address:	
Director:	
Address:	
B. OFFICERS	
President:	2019 #U
Address: 9066 DUPONT PLACE, WELLINGTON, FL 33414	:
Vice Prevident	A 118
Vice President: Address:	
WENDY AMATO	· · · cn
Secretary:	415
Address 9066 DUPONT PLACE, WELLINGTON, FL 33414	
Treasurer:	
Address	
NOTE: If necessary, you may attach an addendum to the application listing ad	ditional officers and/or directors.
12.	
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 at are true and that he or she is aware that false information submitted in a docume a third degree felony as provided for in \$.817.155, U.S.	ove) affirms that the facts stated herein into the Department of State constitutes
TIM CHECETTO, PRESIDENT	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SONA CORPORATION" IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SONA CORPORATION" WAS INCORPORATED ON THE FIRST DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES
HAVE BEEN ASSESSED TO DATE.

Authentication: 203364945

Date: 08-07-19