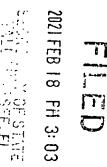
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COVER LETTER

TO:	Registration Section Division of Corpo							
SHRI	IECT:	TONTZ ORTHO, A PRO	DEESSION	AL CORPORATIO)N			
3015	<u></u>	Name of corpora	tion - must	include suffix				
Dear S	Sir or Madam:							
"Certi	ficate of Existence.	n by Foreign Corporation or "Certificate of Good Seorporation to transact bus	Standing" a	and check are sub	et Business in I mitted to regist	Florida ter the	ı,''	
	•	ndence concerning this ma	itter to the	following:		()	202	
SHA	WN ZORICK	<u> </u>			<u> </u>		<u>_</u> '	
		Name	of Person		\-	-(. 	8	
SOL	LERTIS				<u>.</u>	:	8	į
		Firm/C	Company			vi⊇.	P	•
PO F	OX 5005 PMB 107					1710	ည	,
RAN	CHO SANTA FE. C.		ddress .			Pin	2021 FEB 18 PH 3: 03	
		City/Sta	te and Zip	code				
SZO	RICK@SOLLERTIS	.COM						
		E-mail address: (to be us	ed for futu	re annual report r	notification)			
For fu	rther information co	oncerning this matter, plea	se call:					
SHA	WN ZORICK	858 at (771	-0081				
	Name of Person	Area (Code	Daytime Telep	hone Number			
	STREET/COUR Registration Sect Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Hahassee Street, Suite 810		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7			
Please	make check payable	te following amount: to: FLORIDA, DEPARTMI \$78.75 Filing Fee & Certificate of Status	□ \$78.1	ATE 75 Filing Fee & fied Copy	S87.50 F Certified Certified	ate of S	Status &	-

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.	TONTZ ORT	HO, A PROFESSIONAL CORPORATION					
(Enter name of c Inc.," "Co.," "C	corporation; must include "INCORPORATED," 'Corp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,	.,	_		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Florida	— ı)		
2.	CALIFORNIA	3	•				
	(State or count) 5/10/2013		3. (FEI number, if applicable) 5. (Date of duration, if other than perpetual)				
·· <u>-</u>	(Date	of incorporation)					
6.				~2			
7	575 South Ocea	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 in Blvd, Unit 212S, Highland Beach, FL 33487 (Principal office	, F.S., to determine penalty liability	EB 18			
_		(Current mailing a	address, if different)				
8. N	Name and stree	et address of Florida registered agent: (P.O. E	Box NOT acceptable)				
	Name:	Registered Agents, Inc.	_				
Offi	ce Address:	7901 4th Street N., Suite 300					
		Saint Petersburg	. Florida 33702				
		(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.

, A. DIRECTORS				
Chairman	Name: WILLIAM LOGAN TONTZ, JR.	□Chairman	Name:	
□Vice Chairman	Address: 2575 South Ocean Blvd, Unit 212S	□Vice Chairman		
□Director	Highland Beach, FL 33487	□Director		
■ President		□President		
□ Vice President		□Vice President		
■ Secretary	■ Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address: _	
□Director		□Director		22
□President		□President		021 F
□Vice President		□Vice President		CD excess
☐Secretary	□Treasurer	☐ Secretary		S S Treasdurer
□Other	Other	□Other		THE SECOND
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□'Treasurer	□Secretary		□Treasurer
□Other	□Other	□Other		□Other
12. The officer or direct	So an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director or signing this document (and who is listed in number information submitted in a document to the Department.)	ent of State Annual Report Officer	oort form.	ated berain are true and that he or
s.817.100, F.S.	GAN TONTZ, JR., PRESIDENT	anem or mate constitut	८५ व प्राप्ति (१९६	gree reiony as provided for in
13. <u></u>	<u></u>			



I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name: TONTZ ORTHO, A PROFESSIONAL CORPORATION

File Number: C3572389
Registration Date: 05/10/2013

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of December 16, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Cettification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if business activities or practices of the entity.



IN WITNESS WHEREOF. I execute this certificate and affix the Great Seal of the State of California this day of December 17, 2020.

ALEX PADILLA Secretary of State

Certificate Verification Number: R5GEM4R

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.