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EONTI, INC.

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:		tration Section ion of Corporations			
SUBJ	ECT:	Eonti Inc.			
		Name o	f corporation	- must include suffix	
Dear S	Sir or M	adam:			
"Certif	ficate o		of Good Stane	Authorization to Transact Busing" and check are submitted as in Florida.	
Please	return	all correspondence concernir	g this matter	to the following:	
Tara G	ratz				
			Name of I	Person	
Eonti I	nc.				
			Firm/Com	pany	
1345 P	laza Co	urt North, Suite 3A-105			
			Addre	ess	
Lafaye	tte, CO	80026			
			City/State a	nd Zip code	
tara@c	conti.co	n			
		E-mail address:	(to be used f	or future annual report notifica	tion)
For fu	rther in	formation concerning this ma	itter, please c	all:	
Тага С	Tara Gratz at (303) 378-7693				
	Nam	e of Person	Area Code	Daytime Telephone N	lumber
	Regis Divis The C 2415	EET/COURIER ADDRESS stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	3: '	MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	ions
Please	make cl	check for the following amo teck payable to: FLORIDA DE ing Fee	PARTMENT Fee &	\$78.75 Filing Fee & Sectified Copy	\$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.

Eonti Inc.				— 		
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"				
(If name unavaila	able in Florida, enter alternate comorate name	adopted for the purpose of transacting by	usiness in Florid	a)		
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
2. Delaware (State or country	y under the law of which it is incorporated)	47-3924199 (FEI number, if applie	(FEI number, if applicable)			
4. April 21, 2015	5	(Date of duration, if other than perpetual)				
·	of incorporation)					
6		1				
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)				
7. 1345 Plaza Court	North, Suite 3A-105, Lafayette, CO 80026					
	(Principal off	ice street address)				
	(C)	ng address, if different)		_		
	(Curent mann	ng address, it different)				
8. Name and stree	et address of Florida registered agent: (P.0	O. Box NOT acceptable)		202		
Name:	Registered Agents Legal Services, LLC	• ,	À.	2022 SEP		
Office Address:	155 Office Plaza Drive, Suite A	·	- ~ .	۔ 1922ع		
	Tallahassee	Florida 32301	•	Ä		
	(City)	, Florida 32301 (Zip code)	•	:01 HA		
9. Registered age	ent's accontance			ယ		
Having been nam designated in this further agree to co	ed as registered agent and to accept serve application, I hereby accept the appoint comply with the provisions of all statutes of with and accept the obligations of my po	ment as registered agent and agree to relative to the proper and complete p	o act in this ca	pacity. I		
_	/s/ Lisa Zarro	1				
	(Registered agent's s	ignature)	_			
10. Attached is a c	certificate of existence duly authenticated,	not more than 90 days prior to delive	ery of this anni	ication to		

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. AECTORS						
airman	Name:	□ Chairman	Name:			
□ Vice Chairman	Address:	ı□Vice Chairman	Address:			
□Director	La Plata, MD 20646	☐ Director				
■President		□President				
□Vice President		□Vice President				
□ Secretary	□Treasurer	Secretary	☐Treasurer			
□Other	Other	Other	Other			
□ Director	Name: Tara Gratz Name: 1345 Plaza Court North Address: Suite 3A-105 Lafayette, CO 80026	☐ Director ☐ President ☐ Vice President	Name:Address:			
☐ Secretary	Treasurer	☐ Secretary	□Treasurer			
Other	Other	Other	Other			
□Chairman □Vice Chairman □Director	Name: Name: 1345 Plaza Court North Suite 3A-105	□Chairman □Vice Chairman □Director	Name:			
□President	Lafayette, CO 80026	President				
□Vice President		□ Vice President				
Secretary	Treasurer	□ Secretary	☐Treasurer			
Other	Other	Other	□ Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Tara Gratz, Director of Operations and Treasurer						

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EONTI INC." 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 TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EONTI INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2015.

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

Authentication: 204446866

Date: 09-21-22