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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Do	ocument Number)	_
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
		}

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AFPROVED AND FILED

007 20 **2022** K. Brumbley

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJ	ECT:	DIALTONE MANAG	GEMENTI	NC.	
				st include suffix	
Dear S	ir or Madam:				
"Certi	ficate of Existenc	ion by Foreign Corporati e," or "Certificate of Goo n corporation to transact	od Standing"	and check are sub	
Please	return all corresp	ondence concerning this	matter to the	following:	
		Anth	ony M Colu	cci	
	· · · · · · · · · · · · · · · · · · ·		me of Persoi		
		Diulton	Marana	st live	
			n/Company	nt Inc.	
		•			
		<u>7957 N</u>		Dr Suite 330	
			Address		
		Parklar	id / FL / 330	67	
			State and Zip		
		teologgiadialog	necorn com	tooliech	adiattone coso sum
		E-mail address: (to be	used for fut	ure annual report i	octatione cosp. cum
For fu	ther information	concerning this matter, p			
Antho	my M. Colucci	ati (847_)	602-5300	
	Name of Perso	n Are	ra Code	Daytime Telep	hone Number
	Registration Se Division of Cor The Centre of T	porations `allahassec e Strect, Suite 810		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Please		the following amount: e to: FLORIDA DEPART S78.75 Filing Fee & Certificate of Statu	E □ \$78.	TATE 75 Filing Fee & titled Copy	\$1 \$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.

11		ne adopted for the purpose of transacting business in Floria 3. 36-3998801	ga)
(State or country unc	ler the law of which it is incorporated)	(FEI number, if applicable)	
. 1-13-1	995	5.	
(Date of in	corporation)	5. (Date of duration, if other than perpetual)	
		s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
		Suite 330 Parkland, FL 33067 office street address)	
		rite 330 Parkland, FL 33067 lling address, if different)	2022 00
Name and street ad-	dress of Florida registered agent: (P	P.O. Box NOT acceptable)	7-3
Name:	Anthony M. Colucci		PX
ffice Address:	10170 Cameilla St		† t;
		·-;	
	Parkland (City)	, Florida <u>33076</u> (Zip code)	œ.

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

under the law of which it is incorporated.

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

A.	DIRECTORS	
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□ Chairman	Name: Anthony M Colucci	Chairman Na	une
□Vice Chairman	Address: 10170 Cameilla St	Vice Chairman Ad	dress:
ElDirector	Parkland, FL 33076	Director	
President		President	
□Vice President		□Vice President	
☐ Secretary	☐Treasurer	□Secretary	Treasurer
□Other	□Other	∏Other	□Other
□Chairman	Name: Robert M Colucci	Chairman Nar	ne:
□Vice Chairman	Address. <u>8447 Lake Majesty Lane</u>	Vice Chairman Add	ress:
Director	Parkland, Ft. 33076	Director	
□President		□President	
□Vice President			
Secretary	□ Freasurer	☐ Secretary	□Treasurer
[]Other		□Other	Other
II Chauman	Name:	□Chairmian Na	ine:
□Vice Chairman	Address	□Vice Chairman A	ddress:
□Director		∐Director	
□President		CIPresident	
□Vice President		LIVice President	
☐ Secretary	TlTreasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	
individuals may be	Use an attachment to report more than six (6). It added to the index when sling your Florida Di	parliment of State Annual Repor	torm.
12	Cring(C) Signature of Di	Section of Officer	Wedent
The officer or dire	etor signing this document (and who is listed in alse information submitted in a document to the	number 11 above) affirms that t	ne facts stated herein are true and that he or
13.	Anthony M Colucci - Presi (Typed or printed name and capacity	dent of person signing application)	

File Number

5815-477-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DIALTONE MANAGEMENT INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 13, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of OCTOBER A.D. 2022 .

Authentication #1 2229302560 verifiable until 10/20/2023

Authenticate at: https://www.ilsos.gov

Desse White

SECRETARY OF STATE