

(Requestor's Name)	
	_
(Address)	
(Address)	
	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
1st Trans. Bus in Fl. e. add title	
Fleada title	,
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Office Use Only



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S. FRANKLIN NOV 3 0 2022

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Ronati, Inc.	:.		
	Name of corporation - 1	nust include suffix	
Dear Sir or Madam:			
"Certificate of Existence		thorization to Transact Business in ng" and check are submitted to regis in Florida.	
Please return all correspondence	ondence concerning this matter to	the following:	
Michele Weisensee			
	Name of Per	rson	
Ronati, Inc.			
	Firm/Compa	ny	~3
1501 Belcher Road So. #11	3		; <u>;</u>
	Address		
Largo, FL 33771			رې
	City/State and	Zip code	P
michele.weisensee@ronati	.com		क्
	E-mail address: (to be used for	future annual report notification)	2
For further information of	concerning this matter, please call	:	
Michele Weisensee	at ()	777-4509	
Name of Person	Area Code	Daytime Telephone Number	
Registration Sec Division of Corp The Centre of Ta	oorations allahassee Street, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the Please make check payable S70.00 Filing Fee	to: FLORIDA DEPARTMENT O \$78.75 Filing Fee & \$\Boxed{\Boxes}\$	78.75 Filing Fee & 🔲 \$87.50 I	ate of 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting busin	ness in Florida
Delaware	3 8	81-5438890	
(State or country under the law of which it is incorporated) (FEI number, if appl		(FEI number, if applicabl	e)
May 24, 2022	5		
(Date of incorporation) 5. (Date of duration, if other than			rpetual)
t			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		5)
	(01-6-		e =
1501 Dalabas Day	erincipai otno ad So. #1B, Largo, FL 33771	e <u>street</u> address)	1
		11 10 1100 0	ئن
	(Current mailing	address, if different)	P:-
	et address of Florida registered agent: (P.O. Stacey Tiveron Schlaich	Box NOT acceptable)	-3 PH 5: 2
Name: ffice Address:	1501 Belcher Road So. #1B	<u> </u>	
	Largo	, Florida	
	(City)	(Zip code)	

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.

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

A. DIRECTORS Stacey Tiveron □ Chairman □ Chairman Name: 1501 Belcher Road So. #1B □Vice Chairman Address: □ Vice Chairman Address: Largo, FL 33771 □ Director □ Director □ President □ President □Vice President □ Vice President ☐ Secretary □Treasurer ☐ Secretary ☐Treasurer Other ____ ₩Other ___ Other ____ □Other _____ □Chairman □ Chairman Name: _____ Name: □Vice Chairman Address: _____ □ Vice Chairman Address: □ Director □ Director □President □President ☐ Vice President ☐ Vice President □ Secretary ☐ Treasurer □ Secretary Treasurer □Other _____ □Other _____ □Other _____ □Chairman Chairman Name: Name: Address: ____ □Vice Chairman Address: _____ □ Vice Chairman ☐ Director □ Director □President □ 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. 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

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.

Stacey Tiveron / CEO



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

DELAWARE, DO HEREBY CERTIFY "RONATI, 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-SIXTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RONATI, INC."

WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.



Authentication: 204707681

Date: 10-26-22