# F23000002550

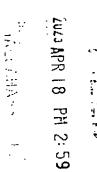
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200406081172

04/18/23--01029--010 \*\*70.00





### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Ignitho Technologies Inc	
	oration - must include suffix
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida," of Standing" and check are submitted to register the business in Florida.
Please return all correspondence concerning this	matter to the following:
Allison Richter	
Na	ime of Person
Ignitho Techologies Inc	
Fin	n/Company
2400 Old Brick Road #100	
	Address
Glen Allen VA 23060	
City/	State and Zip code
allison.richter@ignitho.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, p	lease call:
Allison Richter 860	6 628 8776
Name of Person Are	ca Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, Fl. 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPART  \$70.00 Filing Fee \$  Certificate of Statu	& □ \$78.75 Filing Fee & □ \$87.50 Filing Fee.

### 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.

(If name unavail:	able in Florida, enter alternate corporate name ad-			ida)	
Delaware	3 8:	3-2372253 (FEI number, if app			
	y under the law of which it is incorporated)	(FEI number, if app	olicable)		
10/29/18					
(Date	of incorporation)	(Date of duration, if other the	han perpetual)		
Jan 2023					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		y)		
2400 Old Brick R	toad #100, Glen Allen VA 23060				
	(Principal office	street address)			
			-		
	(Current mailing a	ddress, if different)			
		NOT III	를 기를 기를 받는 기를 받는 것이 되었다.	LULI APR 18	
. Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)		APR	=
Name:	Joseph Olassa	_		<del></del>	1423 11
Office Address:	16226 Bayberry View Drive		<i>€6</i>	PH	v i T
, ince riddiess.	Lithia	. Florida 33547 (Zip code)	<u>.</u> '.	$\ddot{5}$	F
	(City)	(Zip code)	<del>-</del> <del>-</del>	5 <b>9</b>	
Danisana da an					
	ent's acceptance: ned as registered agent and to accept service	of process for the above stated	corporation at	the p	lace
esignated in this	application, I hereby accept the appointmen	nt as registered agent and agre	e to act in this c	apac	ity. i
	omply with the provisions of all statutes rela- with and accept the obligations of my posit		e performance o	of my	· duti
and I am juminum	/ / / / / / / / / / / / / / / / / / /	an regimered ageni.			
	Mary.				
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
	(Registered agent's sign	ature)			

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 Joseph Olassa Scott Nugent ☐ Chairman □ Chairman Name: 16226 Bayberry View Drive 4245 Innslake Drive #1402 Address: □ Vice Chairman Address: ☐ Vice Chairman Lithia, FL 33547 Glen Allen, VA 23060 Director Director □ President □President □ Vice President \_ □ Vice President □Treasurer □Treasurer □ Secretary □ Secretary □Other \_\_\_\_\_ □ Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: □ Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □President □ President ☐ Vice President ☐ Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ □Chairman Name: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Address: \_\_\_\_\_ □ 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 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.

(Typed or printed name and capacity of person signing application)

Joseph Olassa, Director

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "IGNITHO TECHNOLOGIES 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 ELEVENTH DAY OF APRIL, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IGNITHO TECHNOLOGIES INC" WAS INCORPORATED ON THE TWENTY-NINTH DAY OF OCTOBER, A.D. 2018.

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

Authentication: 203118850

Date: 04-11-23

7124774 8300 SR# 20231379245