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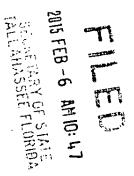
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ONTYTE, LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Anita Sguigna
Name of Person
ONTYTE, LLC
Firm/Company
3460 Fairlane Farms Rd, Suites 15&16
Address 25 25 25
Wellington, FL 33414
City/State and Zip Code
info@ontyte.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anita Sguigna "240 \ 447-6860
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{align*} \text{\$130.00 Filing Fee & Certificate of Status} \end{align*} \text{\$\$155.00 Filing Fee & Certified Copy} \text{\$\$160.00 Filing Fee, Certificate of Status & Certified Copy} \text{\$\$160.00 Filing Fee, Certified Copy} \te

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")				
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. T Liability Company," "L.L.C," or "LLC.")	The alternate name must include "Limited			
_{2.} Wisconsin _{3.} 26-2657143				
(Jurisdiction under the law of which foreign limited liability (FEI nur company is organized)	mber, if applicable)			
4. 1/9-3/31 as a temporary vendor with valid licenses from City of Wellington and Palm Beach County, 10/1/14 mov				
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liabi				
5. 3460 Fairlane Farms Rd., Suites 15 & 16				
Wellington, FL 33414				
(Street Address of Principal Office)				
6. 3460 Fairlane Farms Rd., Suites 15 & 16	2015 All			
Wellington, FL 33414				
(Mailing Address)	SS 6			
7. The name, title or capacity and address of the person(s) who has/have auti	hority to manage is/are:			
Anita Sguigna, business owner, address same	e as above 🚊 🚊 😇			
	5			
	· · · · · · · · · · · · · · · · · · ·			
8. Attached is an original certificate of existence, no more than 90 days old, d having custody of records in the jurisdiction under the law of which it is organ acceptable. If the certificate is in a foreign language, a translation of the certificate be submitted)	nized. (A photocopy is not			
Airto Squigna				
Signature of an authorized person In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the pen arm aware that any false information submitted in a document to the Department of State constitutes a third degree f	nalties of perjury that the facts stated herein are true.			

Typed or printed name of signee

Anita Sguigna

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailable	e, the alternate to be used in the state of Florida is:	
2. The name	and the Florida street address of the registered agent and office are:	
	Anita Sguigna	
	(Name)	
	3460 Fairlane Farms Rd., Suites 15&16	2015
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	15 FEB
	Wellington, FL 33414	9
	City IStant IStant	
	ORI	
liability comp registered age statutes relati	named as registered agent and to accept service of process for the above stated limited formitied formitied formitied formities any at the place designated in this certificate, I hereby accept the appointment as ent and agree to act in this capacity. I further agree to comply with the provisions of all ing to the proper and complete performance of my duties, and I am familiar with and ligations of my position as registered agent as provided for in Chapter 605, Florida	. ,
	Shito Squigna	
	(Signature)	

Designation of Registered Agent

Certified Copy (optional)

5.00 Certificate of Status (optional)

\$ 25.00

\$ 30.00

DOM 180 181 185 1 183 2011

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, GEORGE PETAK, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

ONTYTE, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is May 12, 2008.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622, 181.0120 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 20, 2015.

GEORGE PETAK, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

Deorge Vetak

BY: P Weben

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.