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

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COVER LETTER

TO:	Registration Section Division of Corporate	ons			
		DNM Corp.			
SUBJ	ECT:	Name of corporati	on -	must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence," or	Foreign Corporation f "Certificate of Good Sociation to transact busings	tand	uthorization to Transacing" and check are substin Florida.	t Business in Florida," mitted to register the
Please	return all corresponde	nce concerning this mat	ter (o the following:	
		Name (of P	erson	
Registe	ered Agents Inc.	Firm/Co	omp	any	
3030 N	N. Rocky Point Dr. Ste 150		dres	S	
Tampa	a, FL 33607	City/State	e an	d Zip code	
	E-	mail address: (to be use	d fe	r future annual report n	otification)
For fu	rther information conc	erning this matter, pleas	e ca	it1:	
Michae	el Arbo	Arbo 603 315-1295			
	Name of Person	at (Area C	ode	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		ions er Circle		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclo	sed is a check for the fo	ollowing amount:			
☐ \$7	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	S87.50 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. DNM Corp. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") DNM Homes COY D. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) New Hampshire 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) 4/13/2016 (Date of duration, if other than perpetual) (Date of incorporation) None yet 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 439 Terrie Dr. Pembroke, NH 03275 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 3030 N. Rocky Point Dr. Ste 150A Office Address: 33607 Tampa _____ , Florida (City) 9. 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.

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS Michael Arbo	
Chairman: 439 Terrie Dr.	
Address:	
Pembroke, NH 03275	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	2018 t
Address:	AND HALL TO AND
	<u>∽</u> ∞ !
B. OFFICERS	PH 3: C
President:	$\frac{0}{2}$ ω
Address:	9
Vice President:	
Address:	
Audiess.	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: Aff necessary, you may attach an addendum to the application listing additional office	rs and/or directors.
12. VM (la 5/11/18	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms t	
are true and that he or she is aware that false information submitted in a document to the Department and the companion of the Compa	artment of State constitutes
a third degree felony as provided for in s.817.155, F.S. Michael Arbo - Director	
13(Typed or printed name and capacity of person signing application)	
(Typed of printed name and capacity of person signing application)	

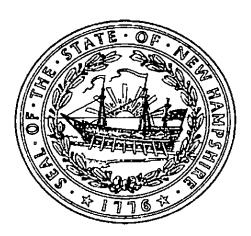
State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that DNM CORP, is a New Hampshire Profit Corporation registered to transact business in New Hampshire on April 13, 2016. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 742708

Certificate Number: 0004096322



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 11th day of May A.D. 2018.

William M. Gardner

Secretary of State