Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003291873)))



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To:

Division of Corporations

Fax Number : (350) 617-6383

Please honor original date 10/31/2019

Fromt

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone: (614)280-3338 Fax Number: (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

# FOREIGN PROFIT/NONPROFIT CORPORATION DMN, INCORPORATED

Certificate of Status	0
Certified Copy	ı
Page Count	05
Estimated Charge	\$1,328.75

W19-96644 + W19-97853

Electronic Filing Menu Corporate Filing Menu

Help

Please honor original date 10/31/2019

K. SALY

8 2019

To: Page 3 of 6

850-617-6381

11/6/2019 10:35:41 AM PAGE 1/001 Fax Server



November 6, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

′

SUBJECT: DMN, INCORPORATED

REF: W19000097853

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,250.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II FAX Aud. #: H19000322115 Letter Number: 919A00022907

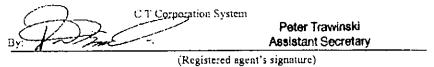
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

DMN of Florida	lncorporated		
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	siness in Florida)
Tennessee			
	y under the law of which it is incorporated)  5.	(FEI number, if applica	ible)
(Date of incorporation) 06/14/2014		(Date of duration, if other than	perpetual)
220 S WOODS 5	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 ST, WEST MEMPHIS, AR 72301-4304 USA	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
	(Princip	pal office address)	·
	(Current mailir	ng address, if different)	9 OCT
. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	25 <u>3</u>
Name:	C T Corporation System		AM 12: FUR STA
ffice Address:	1200 South Pine Island Road		ال ا
	Plantation,	33324 , Florida	RIDA RIDA
	(City)	(Zip code)	Α.

## 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.

A. DIRECTORS

11. Names and business addresses of officers and/or directors:

Chairinan:		
Address:		<u> </u>
		<u> </u>
ice Chairman:		<u> </u>
ddress:		The E
		To its
		- BA 6
		i i
ddress:	<u> </u>	
irector:		
ddress:		
OFFICERS		
Wim Komdorffer		
esident: Gieterij 3, 2211 WC		
ddress: Noordwijkerhout, Nether	ands	•
ien President:		
agress:		
Coos Van Lornen		
Gieterij 3, 2211 WC Nooi	dwijkerhout, Netherlands	
idress:		
easurer:		
ddress:		
OTE: If necessary, you may a	tach an addendum to the application listing a	additional officers and/or directors.
he afficer or director signing th	Signature of Director or Officer s document (and who is listed in number 11	above) affirms that the facts stated herein
re true and that he or she is awa third degree felony as provided	e that false information submitted in a docu-	ment to the Department of State constitutes
Coos Van Loenen, Secretary		
	r printed name and capacity of person signing	ng application)





SELECTARY OF STATE TALLAHASSEE, FLORIDA

19 OCT 31 AH 12: 1'0 Division of Business Services Department of State State of Tennessee

312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

WOLTERS KLUWER 118 W EDWARDS STE 200 SPRINGFIELD, IL 62704

October 14, 2019

Request Type: Certificate of Existence/Authorization

0334184 Request #:

Issuance Date: 10/14/2019

Filing Fee:

Copies Requested:

Document Receipt

Receipt #: 005061301

Payment-Credit Card - State Payment Center - CC #: 3767492723

\$20.00

\$20.00

Regarding:

DMN, INCORPORATED

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 04/21/1995

Status:

Active

Duration Term:

Perpetual

Control #:

293770

Date Formed:

04/21/1995 Formation Locale: TENNESSEE

Inactive Date:

**Business County:** 

#### CERTIFICATE OF EXISTENCE

I. Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

### DMN. INCORPORATED

- is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

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