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(((H22000109162 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone

: (702)866-2500

Fax Number

: (702)900-2290

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

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FOREIGN PROFIT/NONPROFIT CORPORATION IDOLOGY, INC.

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S. ROBERTS

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COVER LETTER

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TO:	Registration Section Division of Corporations			
SUBJ	IECT: IDOLOGY, INC.			
		f corporation -	must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign Conficate of Existence," or "Certificate referenced foreign corporation to tra	of Good Stand	ing" and check are subr	t Business in Florida," nitted to register the
Please	return all correspondence concerni	ig this matter t	to the following:	
	•	Georgia Do		
	<u> </u>	Name of P	erson	
	Georgia D	orsam for InC	Corp Services, Inc.	
		Firm/Comp	pany	-
	3773 How	ard Hughes f	Pkwy. Suite 500S	
		Addres	58	
	Las	Vegas, NV 8	9169-6014	
	C	City/State an ocuments@in		
	E-mail address	(to be used fo	or future annual report n	otification)
For fu	orther information concerning this m	atter, please ca	nu:	
Ge	orgia Dorsam for InCorp Services, Inc.	at	800-246-2677	
	Name of Person	Area Code	Daytime Teleph	ione 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		
Please	sed is a check for the following amo make check payable to: FLORIDA DF 0.00 Filing Fee S78.75 Filing Certificate o	CPARTMENT g Fee & 🗆	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy 22000109162 3

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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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.

Georgia (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2018 Powers Ferry Rd SE, Suite 720, Atlanta, GA 30339 (Principal office street address) (Current mailing address, if different)
(Date of incorporation) Upon Filing (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2018 Powers Ferry Rd SE, Suite 720, Atlanta, GA 30339 (Principal office street address)
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2018 Powers Ferry Rd SE, Suite 720, Atlanta, GA 30339 (Principal office street address)
(Principal office street address)
(Current mailing address, if different)
(Cartest Madring address), it conservers)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
In Corn Condess Inc
Name: 17888 67th Court North Loxahatchee , Florida (7in code)
ffice Address:
Loxahatchee , Florida (Zip code)
(City) (Zip code)

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)

A. DIRECTORS			H22000109162 3			
□ Chairman	Name: Estrellita C. Luttrell	□Chainnan	Name			
□ Vice Chairman	Address:	☐ Vice Charman	Address:			
` ≝ Director	2018 Powers Ferry Rd SE	Director	2018 Powers Ferry Rd SE			
President	Suite 720	□ President	Suite 720			
□Vice President	Atlanta, GA 30339	□Vice President	Atlanta, GA 30339			
B Secretary	☐ Treasurer	☐ Secretury	₩ 1 rensurer			
□Other	Other	□ Other	Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director		☐ Director				
□President		□ President	····			
□Vice President		OVice President				
□ Secretary	□Treasurer	Scoretary	☐ Trensurer			
Other	□ Other	Other	Other			
□ Chuirmari	Name.	⊜Chaimwa	Nanx:			
□ Vice Chairman	Address:	□ Vice Chairman	Address.			
Director		Director				
□ President		□President				
□Vice President		□Vice President				
☐ Secretary	□ Treasurer	☐ Secretary	☐ j.icazinica			
GOther	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 filting four Florida Department of State Annual Report form. 12. Signature of Director or Officer						

The officer or director signing this document (and who is fixed 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 fellony as provided for in \$ 817.155. F.S.

13. Estrellita C. Luttrell, President

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

Control Number: 0574196

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

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CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

DOLOGY, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 22868300
Date Inc/Auth/Filed: 11/07/2005
Jurisdiction : Georgia
Print Date : 03/24/2022

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State