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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DMS, Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Daniel Hopicka
(Name of Person)

DMS, Inc
(Firm/Company)

P.O. Box 9002
(Address)

Saint Augustine, Florida 32085
(City/State and Zip code)

For further information concerning this matter, please call:

Daniel Hopicka at (904) 377-5189
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 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.

1. DMS Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. East Coast Cleaning Service, Inc
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

3. Dominica 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/17/04 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 212 Villa Verde Rd St. Augustine, FL 32081
(Principal office address)
P.O. Box 9002 St. Augustine, FL 32085
(Current mailing address)

8. Service Provider of Janitorial Work
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Petr Novak
Office Address: 208 6th St.
St. Augustine, Florida 32084
(City) (Zip code)

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TALLAHASSEE, FLORIDA

10. 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.



(Registered agent's signature)

11. 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.

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

A. DIRECTORS

Chairman: Daniel Kopicki

Address: 212 Villa Verda Rd.

St. Augustine, FL 32082

Vice Chairman: Michael Soudak

Address: 212 Villa Verda Rd.

St. Augustine, FL 32081

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Daniel Kopicki

Address: 212 Villa Verda Rd.

St. Augustine, FL 32081

Vice President: Michael Soudak

Address: 212 Villa Verda Rd.

St. Augustine, FL 32081

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

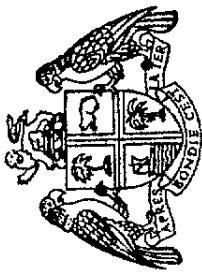
13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

KOPICKI DANIEL

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



Commonwealth of Dominica

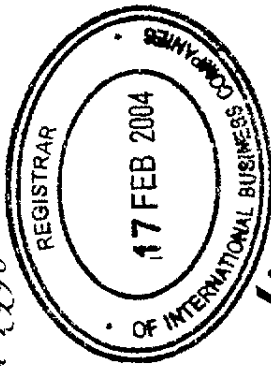
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*In the matter of
The International Business Companies (IBC) Act 1996
And*

In the Matter of the Registration of

DMS INC.

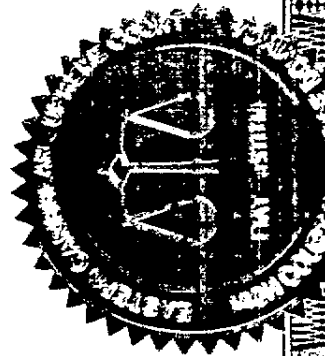
Certificate of Good Standing



I do hereby certify, that the subject Company named above appears on the Register of International Companies maintained by the Registrar of Companies and that all fees, license fees and penalties due and payable have been paid.

I further hereby certify, that the subject Company named above has not submitted to the Registrar of Companies, Articles of Merger or Consolidation or, Arrangement that above not yet become effective nor is the Company in the process of being wound up and dissolved and no proceedings to strike the name of the Company off the Register have been instituted.

*Given under my hand and seal
this 17th day of February, 2004*



*Reginald Winston
As Registrar of Companies
Commonwealth of Dominica*