

FD8000002189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

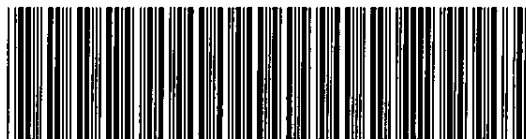
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/30/08--01006--023 **52.50

05/15/08--01002--002 **35.00

FILED
08 MAY 14 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
5/14

1008-22800

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DoMoreBiz! 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:

BRIAN S. THOMAS

(Name of Person)

DoMoreBiz! Inc.

(Firm/Company)

1024 SOUTH RIO VISTA BLVD

(Address)

FORT LAUDERDALE, FLORIDA 33316

(City/State and Zip code)

For further information concerning this matter, please call:

BRIAN S. THOMAS

(Name of Person)

at (954) 993-4411

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2008

BRIAN S THOMAS
DOMOREBIZ! INC.
1024 SOUTH RIO VISTA BLVD
FORT LAUDERDALE, FL 33316

SUBJECT: DOMOREBIZ! INC.
Ref. Number: W08000022800

We have received your document for DOMOREBIZ! INC. and your check(s) totaling \$52.50. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 608A00028989

RECEIVED

08 MAY 14 AM 9:00

DIVISION OF CORPORATIONS

**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. **DoMoreBiz! Inc.**

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **DELAWARE**

(State or country under the law of which it is incorporated)

3. **26-2086663**

(FEI number, if applicable)

4. **02/26/2008**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **N/A**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **3500 SOUTH HIGHWAY STREET, DOVER, DELAWARE 19901**

(Principal office address)

1024 SOUTH RIO VISTA BLVD, FORT LAUDERDALE, FL 33316

(Current mailing address)

8. **TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY**

(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 NOT acceptable)

Name: **JONATHAN S. MORRIS, ESQ.**

Office Address: **11723 BRIARWOOD CIRCLE #4**

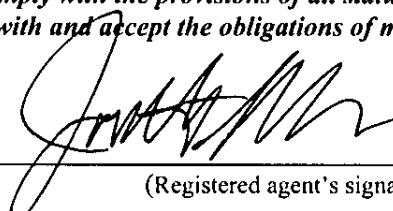
BOYNTON BEACH, Florida **33437**

(City)

(Zip code)

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.

FILED
08 MAY 14 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: BRIAN S. THOMAS

Address: 1024 SOUTH RIO VISTA BLVD

FORT LAUDERDALE, FL 33316

Vice President: _____

Address: _____

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. BRIAN S. THOMAS

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DOMOREBIZ! INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF MARCH, A.D. 2008.

FILED
08 MAY 14 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4509760 8300

080301478

You may verify this certificate online
at corp.delaware.gov/authver.shtml



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6448368

DATE: 03-13-08