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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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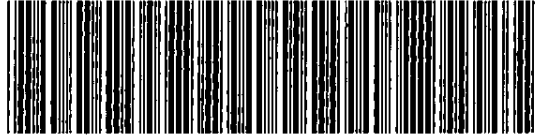
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

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TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: Dipola Enterprises 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," or "Certificate of Good Standing" 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:

DOMINIC JOE DIPOLA

Name of Person

DIPOLA ENTERPRISES INC

Firm/Company

P.O. BOX 702061

Address

ST. CLOUD FLORIDA 34770

City/State and Zip code

lindacpa @ comcast. NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dominic Joe Dipola at (407) 729-7011

Name of Person

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

**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. DIPOLA ENTERPRISES 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. WASHINGTON STATE 3. 91-1958623 Wash State
(State or country under the law of which it is incorporated) (FEI number, if applicable) UBI 602 436-
960

4. 10-12-2004 5. PER PETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 575 Alligator Lake Road ST. Cloud, Florida 34772
(Principal office address)
P.O. BOX 702061 ST CLOUD, Florida 34770.
(Current mailing address)

8. RENTAL REAL ESTATE / PROPERTY MANAGEMENT
(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)

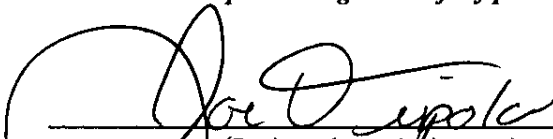
Name: JOE Dipola

Office Address: 575 Alligator Lake Road.
ST CLOUD Florida 34772
(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: DOMINIC JOE DIPOLA

Address: 575 Alligator Lake Road
ST Cloud, Florida 34772

Vice Chairman: NA

Address: _____

Director: NA

Address: _____

Director: NA

Address: _____

B. OFFICERS

President: DOMINIC JOE DIPOLA

Address: 575 Alligator Lake Road
ST Cloud, Florida 34772

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. Joe Dipola

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

14. DOMINIC JOE DIPOLA

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

DIPOLA ENTERPRISES INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 10/12/2004.

I FURTHER CERTIFY that as of the date of this certificate, DIPOLA ENTERPRISES INC. remains active and has complied with the filing requirements of this office.

Date: March 8, 2010

UBI: 602-436-960



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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