Division of Corporations Electronic Filing Cover Sheet

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(((H100002518013)))



H100002518013ABCS

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To:

Division of Corporations

Fax Number : {850}617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION DXCL, Inc.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | Ū       |
| Page Count            | 05      |
| Estimated Charge      | \$70.00 |

11/19/2010

https://efile.sunbiz.org/scripts/efilcovr.exe

## **COVER LETTER**

| TO:            | New Filing Section Division of Corporations   |   |  |
|----------------|---|---|--|
| SUBJ           | ECT:  | DCXL, INC.  |  |
|                | Name of cor   | poration - must include suffix  |  |
| Dear S         | Sir or Madam:   |   |  |
| "Certif        | iclosed "Application by Foreign Corpora<br>ficate of Existence," or "Certificate of Go<br>referenced foreign corporation to transac     | od Standing" and check are sul  |  |
| Please         | return all correspondence concerning this   | s matter to the following:  | :  |
|                |   | T. Winglass ame of Person   |  |
| •              | DCX   | (L, Inc.  |  |
|                | Fi  | m/Company   |  |
| •              | 18065 Geo   | rgia Ave. #   | 100  |
|                | · · · · · · · · · · · · · · · · · · ·   | Address   | ,  |
| ,              | Olnea   | MD 20836  | 2.   |
|                | City/   | MD 2083 6   |  |
|                | mike.TOD  | D@Brileygroup.com   |  |
|                | E-mail address: (to be  | used for future annual report i   | notification)  |
| For furt       | ther information concerning this matter, p  | elease call:  |  |
| Vic            | Name of Person  | 205) <u>271-920</u><br>Area Code & Daytime Teleph                                 | one Number   |
|                | STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Talianassee, FL 32301 | MAILING AI<br>New Filing Se<br>Division of Co<br>P.O. Box 6327<br>Tallahassee, Fi | ction<br>orporations   |
| Enclosed       | is a check for the following amount:  |   |  |
| <b>□ \$</b> 70 | 0.00 Filing Fee  \$\square\$ \$78.75 Filing Fee & Certificate of Status   |   | ☐ \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

| (If name unave                                     | ilable in Florida, enter alternate corporate nam   | ne adopted for the purpose of transacting business in Florida | 1)       |
|--|--|---|----------|
| Maryland   |  | 3. 273359946  | _        |
|  | under the law of which it is incorporated)   | (FEI number, if applicable)                                   |          |
| 08/31/2010   | 5  | 5. Perpetual  |          |
| . (Da  | e of incorporation)  | (Duration: Year corp. will cease to exist or "perpetual"      | )        |
| Upon Qualific                                      | ition  | ·   |          |
| 19003 GEORG  |  |   |          |
| same   | A AVE, #100, OLNEY, MD 20832 (Principal office ad (Current mailing ad  |   | -<br>- 0 |
|  | (Principal office ad   |   |          |
| PROFESSION   | (Principal office ad   | Idress)  ALCHARAS   | 61 Alwan |
| PROFESSION<br>(Purpose                             | (Principal office ad (Current mailing ad AL EMPLOYER ORGANIZATION  | country to be carried out in state of Florida)                | PH       |
| PROFESSION<br>(Purpose                             | (Principal office ad<br>(Current mailing ad<br>AL EMPLOYER ORGANIZATION<br>a) of corporation authorized in home state or o   | country to be carried out in state of Florida)                | _        |
| PROFESSION<br>(Purposes<br>Name and stree<br>Name: | (Principal office ad<br>(Current mailing ad<br>AL EMPLOYER ORGANIZATION<br>a) of corporation authorized in home state or on<br>the address of Florida registered agent: (P.        | country to be carried out in state of Florida)                | PH       |
| PROFESSION (Purposes Name and stre                 | (Principal office ad Current mailing ad AL EMPLOYER ORGANIZATION a) of corporation authorized in home state or cet address of Florida registered agent: (P. C T Corporation System | country to be carried out in state of Florida)                | Pi       |

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.

> C T Corporation System (Registered agent's signature)

Danny Verdeochia, Jr. Asst. Secretary

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:   | 10 NOV 19 PM 3: 39  |
|--|---|
| A. DIRECTORS   | SECRETATE UP STATE  |
| Chairman:  | TALLAHASSEE, FLORIDA  |
| Address:   |   |
|  |   |
| Vice Chairman:   |   |
| Address:   |   |
|  |   |
| Director:  |   |
| Address:   | •   |
|  |   |
| Director:  |   |
| Address:   |   |
| · · · · · · · · · · · · · · · · · · ·  |   |
| B. OFFICERS  |   |
| President: Theodore J. Winglass  |   |
| Address: 1 Kenneth Road  |   |
| Sandown, NH 83873  |   |
| Vice President: Same   |   |
| Address:   |   |
|  |   |
| Secretary: <u>Same</u>   |   |
| Address:   |   |
| Treasurer:   |   |
| Address:   |   |
| NOTE: If necessary, you may straigh an addendum to the application li  | eting additional officers and/or directors  |
| 13   | sting additional officers and/or directors.   |
| Signature of Director or Off   |   |
| The officer or director signify this document (and who is listed in numb are true and that he or she is aware that false information submitted in a third degree felony as provided for in s.817.155, F.S. | er 12 above) affirms that the facts stated herein document to the Department of State constitutes a |
| 4 Theodore J. Wingless, Pre  | esiden:   |

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

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HERBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT DCXL, INC., INCORPORATED AUGUST 31, 2010, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 08, 2010.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097 SECHEIGHT OF STATE TALLAHASSEE, FLORID

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