

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000120426 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BARINAS & ASSOCIATES INC.

Account Number: I2000000082 Phone : (305)871-0889

Fax Number : (305)870-9623

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION OLIVERDOG ENTERTAINMENT, INC.

Certificate of Status	1
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: OLIVERDOG ENTER	RTAINMENT, INC.	
	ration - must include suffix	 _
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporatio "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	d Standing" and check are submitted t	
Please return all correspondence concerning this r	matter to the following:	
<u> </u>	ne of Person	· · · · · · · · · · · · · · · · · · ·
BARINAS AND ASSOCIATE	S INC.	
	/Company	
5701 NW 36 ST	•	
	Address	
MIAMI, FL 33166		
City/S	tate and Zip code	
BARINASB@GMAIL.COM		
E-mail address: (to be	used for future annual report notifical	ion)
For further information concerning this matter, pl	ease cail:	•
YANELLE M BARINAS at 30	95 ₃ 871-0889	. Ali
	Area Code & Daytime Telephone Nu	SECRETARY VISION OF OF 13 JUN - 7
		皇 海
STREET/COURIER ADDRESS:	MALIE INC. ADIDDE	
New Filing Section	- The state of the	
Division of Cornorations — Division of Cornorations —		ons E PS
Clifton Building	P.O. Box 6327	'X 25
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 3231	59 59
Enclosed is a check for the following amount:		
☐ \$70.00 Filing Fee	Certified Copy	37.50 Filing Fee, Certificate of Status & Certified Copy



June 4, 2013

FLORIDA DEPARTMENT OF STATE
Daysion of Corporations

BARINAS & ASSOCIATES INC.

SUBJECT: OLIVERDOG ENTERTAINMENT, INC.

REF: W13000032156

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H13000120426 Letter Number: 213A00013858

SECRETARY OF STATE
DIVISION OF CORPORATIONS

19 HIP - 7 PM P: 59

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 unavailable	in Plorida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)
DELAWAR	E	, 27-3009143
State or country und	er the law of which it is incorporated)	(FEI number, if applicable)
07/09/2010		5. PERPETUAL
(Date of	incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)
45 SOUTH	· ·	OVER, COUNTY OF KENT, DE 19901
713 300171	(Principal office	
495 BRICKE	• •	·
195 BRICKE	ELL AVE, APT 3710, M	IAMI, FL 33131
	Current mailing	IAMI, FL 33131
ANY AND	Current mailing ALL LAWFUL BUSINE	IAMI, FL 33131 address) ESS
ANY AND	Current mailing ALL LAWFUL BUSINE	IAMI, FL 33131
ANY AND (Purpose(s) or	Current mailing ALL LAWFUL BUSINE	IAMI, FL 33131 address) ESS or country to be carried out in state of Florida)
ANY AND (Purpose(s) or	Current mailing (Current mailing ALL LAWFUL BUSINE feorporation authorized in home state of	IAMI, FL 33131 address) ESS or country to be carried out in state of Florida) (P.O. Box NOT acceptable)
(Purpose(s) of Name and street a Name:	Current mailing (Current mailing ALL LAWFUL BUSINE Feorporation authorized in home state of didress of Florida registered agent:	IAMI, FL 33131 address) ESS or country to be carried out in state of Florida) (P.O. Box NOT acceptable)
(Purpose(s) of Name and street a Name:	Current mailing ALL LAWFUL BUSINE F corporation authorized in home state of didress of Florida registered agent: CHRISTIAN MEIER	IAMI, FL 33131 address) ESS or country to be carried out in state of Florida) (P.O. Box NOT acceptable)

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 SECRETARY OF STATE NVISION OF CORPORATIONS

12. Names and business addresses of officers and/or directors:	DIVISION OF CURPORATIONS
A. DIRECTORS	13 JUN -7 PH 12: 59
Chairman: CHRISTIAN MEIER	
Address: 495 BRICKELL AVE, APT 3710	
MIAMI, FL 33131	
Vice Chairman:	
Address:	
Diam's	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: CHRISTIAN MEIER	
495 BRICKELL AVE APT 3710	
MIAMI, FL 33131	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary you may attach an addendum to the application listing add	litional officers and/or directors.
13. 4 Cha fi o Signature of Director or Officer	<u> </u>
The officer or director signing this document (and who is listed in number 12 ab are true and that he or she is aware that false information submitted in a docume a third degree felony as provided for in s.817.155, F.S.	nt to the Department of State constitutes
14 Christian /	
(Typed or printed name and capacity of person signing	application)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OLIVERDOG ENTERTAINMENT, 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 FIFTH DAY OF JUNE, A.D. 2013.

4846548 8300

Jeffrey W. Bullock, Secretary of State TION: 0487476

DATE: 06-05-13