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| (Re                                     | equestor's Name)   |             |
|---|--------------------|-------------|
| (A.                                     | ldraas)            |             |
| (AC                                     | ldress)            |             |
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| (Ci                                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL        |
| (Ви                                     | usiness Entity Nan | ne)         |
| (Document Number)                       |                    |             |
| Certified Copies                        | _ Certificates     | s of Status |
| Special Instructions to Filing Officer: |                    |             |
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## **COVER LETTER**

| TO: New Filing Section Division of Corporations   |   |
|---|---|
| SUBJECT: DCHI CO                                  | RPORATION   |
| Name of cor                                       | poration - must include suffix  |
| Dear Sir or Madam:                                |   |
|   | tion for Authorization to Transact Business in Florida," bod Standing" and check are submitted to register the business in Florida. |
| Please return all correspondence concerning thi   | is matter to the following:   |
| DIXIE COULES                                      |   |
|   | ame of Person   |
| % DCHI CORPA                                      | ORATION   |
| Fi  | rm/Company  |
| 2330 NE 34  | TH CT   |
|   | Address   |
| LIGHT HOUSE YOINT                                 | T, FL 33064   |
| City  | /State and Zin code   |
| Z WOMEN SY . A.                                   | 06.COM  |
| E-mail address: (to b                             | be used for future annual report notification)  |
| For further information concerning this matter,   | please call:  |
| DEENA ZYMKOWITZ at (                              | 561, 401 - 3888<br>Area Code & Daytime Telephone Number   |
|   |   |
| STREET/COURIER ADDRESS: New Filing Section        | MAILING ADDRESS: New Filing Section   |
| Division of Corporations Division of Corporations |   |
| Clifton Building 2661 Executive Center Circle     | P.O. Box 6327 Tallahassee, FL 32314   |
| Tallahassee, FL 32301                             | Tananassee, FL 32314  |
| Enclosed is a check for the following amount:     |   |
| \$70.00 Filing Fee                                |   |

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUB-<br>REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA   |                          |
|---|--------------------------|
| 1. DCHI CORPORATION   |                          |
| (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 busing the sum of | ness in Florida)         |
| 2. (State or country under the law of which it is incorporated) (FEI number, if applicab  | Je)                      |
| 4. SEPT4 2014 S. PERPETUAL  | •                        |
| (Date of incorporation) (Duration: Year corp. will cease to exist   |                          |
| 6. NONE   |                          |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  |                          |
| 7. 2330 NE 347H CT, LIGHTHOUSE F  | T, FL 3306               |
| (Principal office address)  | )— — — /                 |
| Principal office address)  2330 NE 34 <sup>TH</sup> CT, LIGHTHOUSE P  | 1, FL 3306               |
| (Current mailing address)   |                          |
| 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   | <b>4</b>                 |
| Name: DEENA ZYMKOWITZ   | SEP T                    |
| Office Address: 2330 NE 34 TH CT  | 7 E                      |
| LIGHTIHOUSE POINT, Florida 33064 (City) (Zip code)  |                          |
|   |                          |
| 9. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corp designated in this application, I hereby accept the appointment as registered agent and agree to further agree to comply with the provisions of all statutes relative to the proper and complete per  | act in this capacity. I  |
| duties, and I am familiar with and accept the obligations of my position as registered agent.   | you mance by my          |
|   |                          |
| (Registered agent's alguature)  |                          |
|   |                          |
| 10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to deliver   | y 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.

| 11. Ivalues and dusiness addresses of officers and/of directors.  |
|---|
| A. DIRECTORS  |
| Chairman: DIXIE COULES  |
| Address: 2330 NE 34TH CT  |
| LIGHTHOUSE POINT, FL 33064  |
| Vice Chairman: DEENA ZYMKOWITZ  |
| Address: 2330 NE 34TH CT  |
| LIGHTHOUSE POINT, FL 33064  |
| Director:   |
| Address:  |
| <b>4</b> 33.7   |
| Director:   |
| Address:  |
|   |
| ### ### ### ### ### #### ############   |
| President: DIXIE COVLES   |
| Address: 2330 NE 34TH CT  |
| LIGHTHOUSE POINT, FL 33064  |
| · · · · · · · · · · · · · · · · · · ·   |
| Vice President: DEENA ZYMKOWITZ   |
| Address: 2330 NE 34TH CT  |
| LIGHT HOUSE POINT, FL 33064   |
| Secretary:  |
| Address:  |
| Treasurer:  |
| Address:  |
| NOTE; If necessary, you may attach an addendum to the application listing additional officers and/or directors.   |
| 12. Dexie Coules  |
| Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein |
| are true and that he or she is aware that false information submitted in a document to the Department of State constitutes                                  |
| a third degree felony as provided for in s.817.155, F.S.  13. D/X/ECOVLES   |
| (Typed or printed name and capacity of person signing application)  |

## STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### **DCHI Corporation**

is a

### **Profit Corporation**

formed or qualified under the laws of Wyoming did on **September 4, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000671185**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 16th day of September, 2014 at 9:34 AM. This certificate is assigned 016292934.



Maj Massiello
Secretary of State

T4 SEP 17 MIH: 19
SECRETARIOS DATE
PALLARIOSSEE FLORIDA

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.