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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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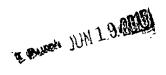
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SECRETARY OF STATE



## **COVER LETTER**

TO: New Filing Section	
Division of Corporations	
SUBJECT: DSP ENTERPRISES,	
Name of corporation	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busin	nding" and check are submitted to register the
Please return all correspondence concerning this matter	r to the following:
WETZEL G. BIAS	
Name of	Person
DSP ENTERPRISES, INC.	
Firm/Cor	npany
8802 N DAVIS HIGHWAY	
Addı	ress
PENSACOLA, FL. 32514	
City/State a	and Zip code
biasassociates@aol.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
WETZEL G. BIAS	527-2899
	Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	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 & ☐ \$87.50 Filing Fee, Certified Copy 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.

	TERPRISES OF SEMINO able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida	<u></u>
DELAW	\RE ,	52-2314075	
(State or count. 05/02/20	y under the law of which it is incorporated)	(FEI number, if applicable) PERPETUAL	
(Date	of incorporation)  PPROVAL	(Duration: Year corp. will cease to exist or "perpetual"	<u>, , , , , , , , , , , , , , , , , , , </u>
	1886 SECTIONS 607 1501 & 607	1502 F.S. to determine penalty lightlity)	
	AVIS HIGHWAY, PENSA (Principal office ad ' HAVEN ROAD, UNIT 601	dress)	 ;
	AVIS HIGHWAY, PENSA (Principal office ad	ACOLA, FL. 32514 dress) I, SEMINOLE, FL. 33777 불합 급	
7040 KEY	AVIS HIGHWAY, PENSA (Principal office ad ' HAVEN ROAD, UNIT 601	ACOLA, FL. 32514  dress)  J. SEMINOLE, FL. 33777  ACCEPTABLY OF SECOND S	
7040 KEY  3. Name and stree  Name:	AVIS HIGHWAY, PENSA  (Principal office ad  (Principal office ad  (Principal office ad  (Current mailing ad  et address of Florida registered agent: (P	dress)  J. SEMINOLE, FL. 33777  ACCOLA, FL. 32514  dress)  J. SEMINOLE, FL. 33777  ACCOLA, FL. 32514  J. SEMINOLE, FL. 33777  ACCOLA, FL. 32514  J. SEMINOLE, FL. 33777  ACCOLA, FL. 32514	
7040 KEY	(Principal office ad (Principal office ad (Principal office ad (Principal office ad (Current mailing ad (Current mailing ad et address of Florida registered agent: (P	dress)  J. SEMINOLE, FL. 33777  ACOLA, FL. 32514  dress)  J. SEMINOLE, FL. 33777  ALEGERATION OF STATES OF	

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.

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: WETZEL G. BIAS 7040 KEY HAVEN ROAD, UNIT 601 SEMINOLE, FL. 33777 Vice Chairman: Director: Address: \_ **B. OFFICERS** President: WETZEL G. BIAS 7040 KEY HAVEN ROAD, UNIT 601 SEMINOLE, FL. 33777 Vice President: Address: Secretary: \_\_ Address: Treasurer: \_\_ Address: \_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. WETZEL G. BIAS, PRESIDENT

## Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DSP ENTERPRISES, 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 ELEVENTH DAY OF JUNE,

A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DSP ENTERPRISES, INC." WAS INCORPORATED ON THE SECOND DAY OF A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE TO BEEN FILED TO DATE.

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Jeffrey W. Bullock, Secretary of St AUTHENTY CATION: 2457573

DATE: 06-11-15

You may verify this certificate online