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ALLAHASSEE, FLORIDA

N. Culligan OCT 1 o 2015

### **COVER LETTER**

TO:	Registration Division of	n Section f Corporatio	ns					
SUBJ	ECT:	DOD	Entu	ethiu	most	ENTE	orphises Inc	
	<del></del>		Name of cor					
Dear S	ir or Madam	ı:						
"Certif	ficate of Exis	stence," or "		ood Standi	ng" and ch	eck are sub	ct Business in Florida," emitted to register the	
Please	return all co	rrespondenc	e concerning thi	is matter to	the follow	ving:		
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		E-m	ail address: (to b	e used for	future ann	ual report r	otification)	
For fur	ther informa	tion concer	ning this matter,	please call	:			
Dnu 0 2000 at (303)				89	898-0521			
<u></u>	Name of P	erson	A	rea Code	Day	time Telepl	hone Number	
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	0.00 Filing Fe	ee 🗖 \$7	8.75 Filing Fee ertificate of Stat		78.75 Filio Certified Co	_	\$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. DOD ENTERTRINMENT 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. Colorado
(State or country under the law of which it is incorporated)

4. P-18-2015
(Date of incorporation)

(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Ostay Point Druve Ostray Fe 34229

(Principal office address)

Ostray Point Druve Ostray Fe 34229

(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 221 OSPRY Pt. Druc

OSPRY , Florida 34229

(Cirv) (Zip code) Office Address: 9. 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)

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: Address: Vice Chairman: Address: Address: Director: Address: **B. OFFICERS** President: \_\_\_\_\_ Address: \_\_\_\_ Vice President: ChristoPur O'Down Address: 221 34229 Secretary: Address: Treasurer: 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 11 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. Dun 13. \_\_\_\_\_

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

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

#### **DOD Entertainment Enterprises Inc.**

is a **Corporation** formed or registered on 12/03/2014 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20141740489.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/07/2015 that have been posted, and by documents delivered to this office electronically through 10/08/2015 @ 12:55:42.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 10/08/2015 @ 12:55:42 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9328867.



Mayne N. Williams

Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site. <a href="http://www.sos.state.co.us/biz/CertificateSearchCriteria.do">http://www.sos.state.co.us/biz/CertificateSearchCriteria.do</a> entering the certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <a href="http://www.sos.state.co.us/click Business">http://www.sos.state.co.us/click Business</a> Center and select "Frequently Asked Questions."