

F17000000883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

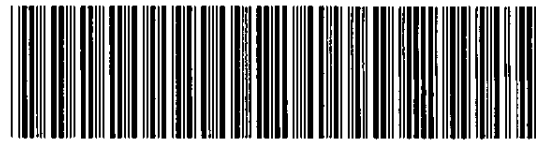
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/27/17--01002--003 **70.00

FEB 27 2017
J. HARRIS

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2017 FEB 24 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.INCserv.com
e-mail: info@incserv.com



**INCORPORATING
SERVICES, LTD.**

"Serving your success"

Excellence in Corporate Services Since 1972

ORDER FORM

TO: Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM: Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE: 2/24/2017

PRIORITY: Routine

OUR REF. # (Order ID#): 561246

ORDER ENTITY:
ON THE DOT TRANSLATIONS INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
ON THE DOT TRANSLATIONS INC. (FL)

File the attached foreign qualification document

NOTES:

RETURN/FORWARDING INSTRUCTIONS:

If you should have any questions, please contact me at 656-7956.

Best regards,

Client Services Representative

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2017 FEB 24 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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.*

ON THE DOT TRANSLATIONS INC.

1. _____
(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. DELAWARE _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. FEBRUARY 1, 2017 _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. VIZESES ST. 10 BUDAPEST, BUDAPEST 1028 HUNGARY _____
(Principal office address)

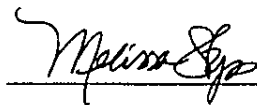
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Incorporating Services Ltd.
Office Address: 1540 Glenway Drive
Tallahassee, Florida 32301
(City) (Zip code)

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.

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FILED
SECRETARY OF STATE
CORPORATIONS

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: TAMAS PAL
Address: FENYVES UT 36 VESZPREM, VESZPREM 8300 HUNGARY

Vice Chairman: _____
Address: _____

Director: BELA GRESCHO
Address: VIZESES ST. 10 BUDAPEST, BUDAPEST 1028 HUNGARY

Director: _____
Address: _____

B. OFFICERS

President: TAMAS PAL
Address: FENYVES UT 36 VESZPREM, VESZPREM 8300 HUNGARY

Vice President: BELA GRESCHO
Address: VIZESES ST. 10 BUDAPEST, BUDAPEST 1028 HUNGARY

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____
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.

13. TAMAS PAL, PRESIDENT Tamas Pal

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

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SECRETARY OF STATE
CORPORATION
17 FEB 24 AM 9:06

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ON THE DOT TRANSLATIONS 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 TWENTY-THIRD DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ON THE DOT TRANSLATIONS INC." WAS INCORPORATED ON THE FIRST DAY OF FEBRUARY, A.D. 2017.

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



6302777 8300

SR# 20171200579

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202090004

Date: 02-23-17