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Certified Copies	Certificates	of Status
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COVER LETTER

TO:	Registration Sect	ion					
	Division of Corporations						
	Digital Mo	vie Studio, Inc.					
SUB	JECT:						
		Name of	corporation	- must include suffix			
Dear S	Sir or Madam:						
"Certi		" or "Certificate o	f Good Stan	ding" and check are sub	ct Business in Florida," emitted to register the		
	e return all correspo Pantos, Esq.	ndence concerning	g this matter	to the following:			
			Name of I	'erson			
Dave l	Pantos, Esq. LLC						
16411	Marcy Street		Firm/Com	pany			
Omaha	a, NE 68118		Addre	SS			
davepa	antos@pantosesq.con		City/State ar	nd Zip code			
		E-mail address:	(to be used f	or future annual report	notification)		
For fu	rther information c	oncerning this ma	tter, please c	all:			
Dave 1	Pantos	D 2	402	672-3091			
	Name of Person	a	Area Code	Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	o.00 Filing Fee	\$78.75 Filing Certificate of	Fee & 🗖	\$78.75 Filing Fee & Certified Copy	\$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. Digital Moxic Studio, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "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. (State or country under the law of which it is incorporated) (FEI number, if applicable) May 12, 2017 Perpetual (Date of duration, if other than perpetual) (Date of incorporation) n/a (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 5021 California Street, Omaha, Nebraska 68132 (Principal office address) Same (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Jerry Eisinger Name: 688 Middlebury Loop Office Address: New Smyrna Beach (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.

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Margaux Towne-Colley Chairman: 5021 California Street Address: Omaha, NE 68132 Jerry Eisinger Vice Chairman: 688 Middlebury Loop Address: New Smyrna Beach, FL 32168 Address: _ **B. OFFICERS** President: __ Address: _ 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 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 \$.817.155, F.S. Margaux Towne-Colley, Chairman; Joney 1988 1977, Vic. A Reduction 13.

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

STATE OF NEBRASKA

United States of America, State of Nebraska } ss.

Secretary of State State Capitol Lincoln, Nebraska

I, John A. Gale, Secretary of State of the State of Nebraska, do hereby certify that

DIGITAL MOXIE STUDIO, INC.

incorporated on May 12, 2017 and is duly incorporated under the law of Nebraska;

that no occupation taxes due from and assessable against the Corporation are unpaid and have become delinquent;

that no annual or biennial report required to be forwarded by the Corporation to the Secretary of State has become delinquent;

that Articles of Dissolution have not been filed.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

May 16, 2017

Secretary of State