Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

; (512)418-6949

Phone Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

FOREIGN PROFIT/NONPROFIT CORPORATION

Dark3, Inc.

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Electronic Filing Menu Corporate Filing Menu

Help

S. WARREN

JUL 0 5 2017

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	Dark3, Inc.	
0020	Name of corpora	ation - must include suffix
Dear S	Sir or Madam:	
"Certi		for Authorization to Transact Business in Florida," Standing" and check are submitted to register the usiness in Florida.
Please	return all correspondence concerning this m	atter to the following:
Vince	Crister	
	Nam	e of Person
Dark3,	, Inc	
	Firm/	Company
P.O. B	Box 2601-1908 Mt Vernon Ave	
	A	Address .
Alexai	ndria, VA 22301	
	City/St	ate and Zip code
finance	e@darkeubed.com	
	E-mail address: (to be a	sed for future annual report notification)
For fu	rther information concerning this matter, ple	asc call:
Miche	lle MeNeill at 6	547-9441
	Name of Person Area	Code Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclos	sed is a check for the following amount:	
□ \$7	0.00 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.

	orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION	Ι,"
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")		
(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting	g business in Florida)
Delaware	3	38-3927381	
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	plicable)
03/15/2013	5.	Dernamat	
(Date	of incorporation)	(Date of duration, if other	than perpetual)
06/12/2017			•
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		ity)
202 Birch St. Alc	(SEE SECTIONS 607.1501 & 607.15		ity)
	(SEE SECTIONS 607.1501 & 607.15 xandria, VA 22305 (Princip		ity)
	(SEE SECTIONS 607.1501 & 607.15 xandria, VA 22305 (Princip 908 Mt. Veruon Ave. Alexandria, VA 22305	502, F.S., to determine penalty habilional office address)	iy) IALI
	(SEE SECTIONS 607.1501 & 607.15 xandria, VA 22305 (Princip 908 Mt. Veruon Ave. Alexandria, VA 22305	502, F.S., to determine penalty habili	17 JUL SECOLI IALIAIS
P.O. Box 2601, I	(SEE SECTIONS 607.1501 & 607.15 xandria, VA 22305 (Princip 908 Mt. Veruon Ave. Alexandria, VA 22305 (Current mailin	502, F.S., to determine penalty habilional office address) ng address, if different)	17 JUL -3 SECOLIANS TALIANSS
P.O. Box 2601, I	(SEE SECTIONS 607.1501 & 607.15 xandria, VA 22305 (Princip 908 Mt. Veruon Avc. Alexandria, VA 22305 (Current mailing) et address of Florida registered agent: (P.C.)	502, F.S., to determine penalty habilional office address) ng address, if different)	17 JUL -3 SECOLIARY TALLIALIASSE
P.O. Box 2601, I	(SEE SECTIONS 607.1501 & 607.15 xandria, VA 22305 (Princip 908 Mt. Veruon Ave. Alexandria, VA 22305 (Current mailin	502, F.S., to determine penalty habilional office address) ng address, if different)	17 JUL -3 SECOLIARY TALLIALIASSE
P.O. Box 2601, I Name and stree Name:	(SEE SECTIONS 607.1501 & 607.15 xandria, VA 22305 (Princip 908 Mt. Veruon Avc. Alexandria, VA 22305 (Current mailing) et address of Florida registered agent: (P.C.)	502, F.S., to determine penalty habilional office address) ng address, if different)	FILED 17 JUL -3 PHI2: SECR. JARY OF STITALIAHASSEE, FLO
P.O. Box 2601, I	(SEE SECTIONS 607.1501 & 607.15 xandria, VA 22305 (Princip 908 Mt. Veruon Ave. Alexandria, VA 22305 (Current mailin et address of Florida registered agent: (P.C. C.T. Corporation System	502, F.S., to determine penalty habilional office address) ng address, if different)	17 JUL -3 SECOLIARY TALLIALIASSE

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.

By: Jennifer Quinn, Assistant Secretary

(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 Frederick Dumas Chairman: 6601 Seton House Lane Address: Charlotte, NC 28277 Vice Chairman: __ Address: __ Director: Vince Crister Director: 202 Birch St. Alexandria, VA 22305 **B. OFFICERS** Vince Crister President: 202 Birch St. Alexandria, VA 22305 Address: Vice President: ____ Theresa Payton 1800 Camden Rd Stc. 107-216 Address: Charlotte, NC 28203 Vince Crister Secretary: 202 Birch St. Alexandria, VA 22305 Address: Vince Crister 202 Birch St. Alexandria, VA 22305 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.

13. Vince Crister , President

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

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DARKS, 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 THIRD DAY OF JULY, A.D. 2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DARK3, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JUNE, A.D. 2016.

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

. . .

6083440 8300 SR# 20175063723 Authentic

Authentication: 202820768

Date: 07-03-17

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