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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Codification of Status				
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SECRETARY OF STATE

5/24/17

COVER LETTER

TO:	Registration Section Division of Corporations			
SHRI	Dahl Services, Inc.		•	
3013		orporation -	must include suffix	
Dear S	Sir or Madam:	•		
"Certi	nclosed "Application by Foreign Corpo ficate of Existence," or "Certificate of referenced foreign corporation to trans	Good Stand	ing" and check are sub	ct Business in Florida," mitted to register the
Please	return all correspondence concerning	this matter	o the following:	
Alliso	n Greco, CPA, CVA			
		Name of P	erson	
D'Arc:	angelo & Co., LLP			
		Firm/Comp	any	
120 Lo	omond Court			
	-	Addres	S	
Utica.	NY 13502			
_	C	ity/State an	d Zip code	
agreco	o@darcangelo-cny.com			
	E-mail address: (t	o be used fo	r future annual report r	notification)
For fu	rther information concerning this matte	er, please ca	III:	
Alliso	n Greco, CPA, CVA	315	735-5216 x2033	
	Name of Person	Area Code	Daytime Telep	hone Number
	CTDEET/COUDIED ADDRESS.		MAILING A	nnpres.
STREET/COURIER ADDRESS: Registration Section			MAILING ADDRESS: Registration Section	
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327		•
	2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, F	
Enclo	sed is a check for the following amoun	t:		
s 7	0.00 Filing Fee S78.75 Filing F Certificate of S		\$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.

Dahl Services, I			
(Enter name of c	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPO	ration,"
Jordan Dahl Scr		•	
North Carolina	able in Florida, enter alternate corporate na	ne adopted for the purpose of to 46-2462180	ransacting business in Florida)
2. (State or countr 04/01/2013	y under the law of which it is incorporated)	,	ber, if applicable)
(Date of incorporation) 09/01/2017		5(Date of duration,	, if other than perpetual)
6	(SEE SECTIONS 607.1501 & 60	ss in Florida, if prior to registral 7.1502, F.S., to determine pena	tion) Ity liability)
7	e, North Part, FL 34291 (Pri	ncipal office address)	
8. Name and <u>street</u> Name: Office Address:	(Current ma et address of Florida registered agent: (Jordan Dahl 5629 Estates Drive	illing address, if different) P.O. Box NOT acceptable)	17 AUG 21 PH 2: 2 BECKETARY OF STATE TALLAHASSEE, FLORID
O	North Port	, Florida	
	(City)	(Zip cod	e)

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.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Jordan Dahl Chairman:
5629 Estates Drive Address:
North Port, FL 34291
Vice Chairman:
Address:
Director:
Address:
Address
Director:
Address:
B. OFFICERS
Jordan Dahi President:
5629 Estates Drive Address:
North Port, FL 34291
Vice President:
Address:
Jordan Dahl
Secretary:
5629 Estates Drive, North Port FL 34291 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 s.817.155, F.S.
Jordan Dahl, President
(Typed or printed name and capacity of person signing application)



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

DAHL SERVICES INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 2nd day of April, 2013, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of August, 2017.

Elaine J. Marshall

Secretary of State

Certification# 100985938-1 Reference# 13965547- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification