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(Requesto	or's Name)		
(Address)			
(Address)			
(City/State	e/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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HOY OR 2017 J. HARRIS

COVER LETTER

ΓO: Registration Section Division of Corporations				
SUBJECT: The OThomas Croup, Inc. Name of corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.				
Please return all correspondence concerning this matter to the following:				
David E. Thomas				
Name of Person				
THE DINOMES CAMP , INC.				
Pirm/Company				
46 Dawley Dr				
Address				
Strongton CT 06378				
City/State and Zip code				
E-mail address: (to be used for future annual report notification)				
1				
For further information concerning this matter, please call:				
David Thomas at 860, 271-5400				
Name of Person Area Code Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Registration Section				
Registration Section Registration Section Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301				
Enclosed is a check for the following amount:				
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy				

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	WITH SECTION 607.1503, FLORIDA STA EIGN CORPORATION TO TRANSACT BU		
The	OTHORAGE COO	IP TOC	
	rporation; must include "INCORPORATED," rp.," "Inc.," "Co," or "Corp.")	"COMPANY," "CORPORATION."	
DIDOR	mas Industries		
(If name unavailab	ple in Florida, enter alternate corporate name ac	dopted for the purpose of transacting h	ousiness in Florida)
2	under the law of which it is incorporated)	47-2011545	
(State or country	under the law of which it is incorporated)	(FEI number, if applie	cable)
4. [0]	63/3014 5		
(Date)	5. (Date of duration, if other than perpetual)		
7. 4((SEE SECTIONS 607.1501 & 607.150 (Principa	• • • • • • • • • • • • • • • • • • • •	
	(Current mailing	g address, if different)	281
8. Name and street	address of Florida registered agent: (P.O.	Box NOT acceptable)	7 70
Name:	David Thomas		7
Office Address:	3701 FOWER ST		===
	Ft. Myers (City)	, Florida <u>33901</u>	7.7 15.0 15.9
	(City)	(Zip code)	
designated in this a further agree to co.	nt's acceptance: d as registered agent and to accept servic application, I hereby accept the appointm apply with the provisions of all statutes re miliar with and accept the obligations of	ent as registered agent and agree lative to the proper and complete	to act in this capacity.
	(Danier and an	ient'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: David E. Thomas		<u> </u>	
Address: 46 Ocites O			
Stangoon, Cr 06778			
Vice Chairman: hastare 1 do mas			
Address: 46 Dantes Pr Storington, CG 06378	-		
Director:			•
Address:	-		
Director		Ť	
Director:	<u> </u>		
Address:		\dashv	
B. OFFICERS		_ 	
President: Dasi & E Thomas		=======================================	en,-
Address: 46 Dawley or		3	1 2000
Storington, CF 06378	•	7	± 10 ·
Vice President: Mrstine Thomas	**!	-립	
Address: 46 Day Heg Or		=	
Storington, CG, 01378	· (<u> </u>	
Secretary: Mastrone Thomas			
Address: 46 Daviley of Stonington, 06 06278			
Treasurer: Kelsey Thomas			
Address: 46 Oglites Of Storiogen, Cr 06778			·- <u>-</u>
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	or direc	tors.	
12. Dellen			
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Department a third degree felony as provided for in s.817.155. F.S.	facts st of Stat	ated e con	herein stitutes
13. David The mg Retail draw			<u> </u>
(Typed or printed name and capacity of person signing application)			!

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

THE DTHOMAS GROUP, INC.

a domestic STOCK corporation, was filed in this office on October 03, 2014, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

Date Issued: January 04, 2017

Business ID: 1156412 Express Certificate Number: 2017002530001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov