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(Requestor's Name)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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3. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIGOR 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:

SUNNY WANG

Name of Person

CHEUNG & CHU, CPA

Firm/Company

2707 E VALLEY BLVD., #300

Address

WEST COVINA, CA 91792

City/State and Zip code

nbhaci@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUNNY WANG

626

638-9088

at ()

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$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.

DIGOR INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

DIGORLU INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
CALIFORNIA 82-4039746

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
DECEMBER 28, 2017

4. _____ 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)

4125 CLEVELAND AVE., FORT MYERS, FL 33901

7. _____
(Principal office address)
14711 MOON CREST LN., UNIT B, CHINO HILLS, CA 91709

(Current mailing address, if different)

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

BARIS HACIOGLU

Name: _____

4125 CLEVELAND AVE.

Office Address: _____


FORT MYERS

33901

_____, Florida _____
(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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CLERK OF THE COURT
TALLAHASSEE, FL

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

A. DIRECTORS

BARIS HACIOGLU

Chairman:

14711 MOON CREST LN., UNIT B, CHINO HILLS, CA 91709

Address:

Vice Chairman:

Address:

BARIS HACIOGLU

Director:

14711 MOON CREST LN., UNIT B, CHINO HILLS, CA 91709

Address:

Director:

Address:

B. OFFICERS

BARIS HACIOGLU

President:

14711 MOON CREST LN., UNIT B, CHINO HILLS, CA 91709

Address:

Vice President:

Address:

BARIS HACIOGLU

Secretary:

14711 MOON CREST LN., UNIT B, CHINO HILLS, CA 91709

Address:

BARIS HACIOGLU

Treasurer:

14711 MOON CREST LN., UNIT B, CHINO HILLS, CA 91709

Address:

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STATE OF FLORIDA
TALLAHASSEE, FL

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. BARIS HACIOGLU

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

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

DIGOR INC.

FILE NUMBER: C4097229
FORMATION DATE: 12/28/2017
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of September 25, 2018.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State

RYM