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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 : (302)645-7400 Phone : (302)645-1280 Fax Number

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

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## 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. (Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc." "Co," or "Corp ") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable) (State or country under the law of which it is incorporated) 10/31/2018 (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 927 NW 3rd Ave. Gainesville, FL 32601 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Sridar Persaud Name: 927 NW 3rd Ave. Office Address: Gainesville (C(tv))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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11. Names and business ac	dresses of officers and/or directors;
A. DIRECTORS	
Chairman:	
Address.	*****
ET48:	
Vice Chairman:	
	是 美工
Sridat Persand	
927 NW 3rd Ave, 0	Gainesville, FL 32601
Address:	<u> </u>
Director:	
Address:	
B. OFFICERS	
Sridat Persaud President:	
927 NW 3rd Ave (	Gainesville, FL 32601
Vice President	
Address:	
Secretary	
Address:	
Treasurer	
Address:	
··	may attach an addendum to the application listing additional officers and/or directors.
0: 14	A = A
	Signature of Director or Officer
are true and that he or she	ring this document (and who is listed in number 11 above) affirms that the facts stated herein is aware that false information submitted in a document to the Department of State constituted ovided for in \$.817.155, F.S.
13. Sridat Persaud, CEO	
	yped or printed name and capacity of person signing application)

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Additional Officers:

CEO- Sridat Persaud, 927 NW 3rd Ave, Gainesville, FL 32601



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## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "DORMPRESS, 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 FIFTH DAY OF MARCH, A.D. 2019.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DORMPRESS, INC."

WAS INCORPORATED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2018.

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

19 MAR -5 AM 3: 23
SECKETAGE OF STATE
SECKETAGE OF STATE

7128831 8300 SR# 20191755582

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

Authentication: 202373770

Date: 03-05-19