F19000001877

(Requestor's Name)

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(Document Number)

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4-17-19

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2019

DOUGLAS SMALDINO
1662 HILLHURST AVENUE, STE A
LOS ANGELES, CA 90027 US

SUBJECT: DMS CAPITAL, INC
Ref. Number: W19000032442

We have received your document for DMS CAPITAL, INC and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 119A00007670

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2019

DOUGLAS SMALDINO
1662 HILLHURST AVENUE, STE A
LOS ANGELES, CA 90027 US

SUBJECT: DMS CAPITAL, INC
Ref. Number: W19000032442

We have received your document for DMS CAPITAL, INC and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least $500 but not more than $1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is $4,965.00.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 819A00006369

Florida Department of State
Division of Corporations
Attention: Brooke Kinsey
P.O. Box 6327
Tallahassee, FL 32301

Re. Revised Application by Foreign Corporation for Authorization to Transact Business in Florida

Dear Ms. Kinsey:

Enclosed herewith is the revised Application by Foreign Corporation for Authorization to Transaction Business in Florida for DMS Capital, Inc. Please note that the originally filed application inadvertently omitted the word "Perpetual" on Page 1, item 5 of the application. In addition, the incorporation date was inadvertently entered on Page 1, item 6.

Please note that the application has been corrected to included "Perpetual" on Page 1, item 5 and item 6 on Page 1 has been left blank as the corporation has not ever transacted any business in Florida.

Please expedite processing of our application. Should you have any questions or require any additional information please contact me at the number or email address indicated below. Thank you.

Very truly yours,

DMS Capital, Inc.

Douglas M. Smaldino, President
1662 Hillhurst Avenue
Suite A
Los Angeles, CA 90027

(323) 707-3200
doug1040@gmail.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DMS CAPITAL, 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:

DOUGLAS M. SMALDINO
Name of Person

DMS CAPITAL, INC.
Firm/Company

1662 HILLHURST AVENUE, SUITE A
Address

LOS ANGELES, CA 90027
City/State and Zip code

DOUG1040@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS M. SMALDINO at (323) 707-3200
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.

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

DMS MORTGAGE, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CALIFORNIA
(State or country under the law of which it is incorporated)

3. 95-4319019
(FEI number, if applicable)

4. May 2, 1991
(Date of incorporation)

5. Perpetual
(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)

7. 1662 HILLHURST AVENUE, SUITE A, LOS ANGELES, CA 90027
(Principal office address)

_____
(Current mailing address, if different)

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

Name: JENNIFER STEARS

Office Address: 5400 S. WILLIAMSON BLVD, APT 2305

PORT ORANGE, Florida 32128
(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.

Jennifer Stears
(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

Chairman: DOUGLAS M. SMALDINO

Address: 1662 HILLHURST AVENUE, SUITE A
LOS ANGELES, CA 90027

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DOUGLAS M. SMALDINO

Address: 1662 HILLHURST AVENUE, SUITE A
LOS ANGELES, CA 90027

Vice President: _____

Address: _____

Secretary: DOUGLAS M. SMALDINO

Address: 1662 HILLHURST AVENUE, SUITE A, LOS ANGELES, CA 90027

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Doug M ____

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. DOUGLAS M. SMALDINO / President

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

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

DMS CAPITAL, INC.

FILE NUMBER:	C1496530
FORMATION DATE:	05/02/1991
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 March 15, 2019.

ALEX PADILLA
Secretary of State