

# F19000003527

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

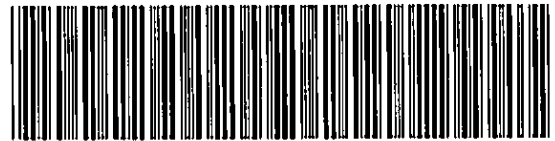
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2019 JUL 23 AM 11:46  
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2019 JUL 23 PM 4:25  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

B KINSEY  
AUG 1 - 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 24, 2019

FL FILING

SUBJECT: DAMA TECHNOLOGY, INC.  
Ref. Number: W19000067497

RECEIVED  
2019 JUL 31 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

The document must contain both the street address of the principal office and the mailing address of the entity.

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) 245-6051.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 319A00015019

please ~~keep~~ keep original  
file date.  
Thank you!

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 7/23/19**

**NAME: DAMA TECHNOLOGY INC**

**TYPE OF FILING: APPLICATION**

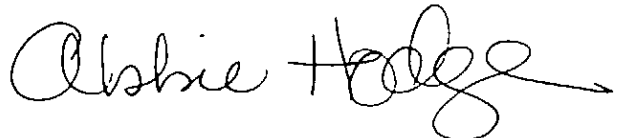
**COST: 70.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

A handwritten signature in black ink, appearing to read "Abbie Hodge", with a long horizontal flourish extending to the right.

## COVER LETTER

TO: Registration Section  
Division of Corporations  
Dama Technology, Inc.

SUBJECT: \_\_\_\_\_  
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:  
Trevor Erxleben

_____	Name of Person
Dama Technology, Inc.	
_____	Firm/Company
P.O. Box 22865	
_____	Address
Kansas City, MO 64113	
_____	City/State and Zip code
trevor@damaone.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Trevor Erxleben	650	922-0089
_____	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

2019 JUL 23 AM 11:46

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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.

Dama Technology, Inc.

1. Dama Technology, Inc.  
(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)  
Deleware 82-1759551

2. April 17, 2017 3. N/A  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. August 1, 2019 5.   
(Date of incorporation) (Date of duration, if other than perpetual)

6. 239 Utah Avenue, South San Francisco 94080  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
(Principal office address)

(Current mailing address, if different)

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

Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, Florida 32301  
(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.*

[Signature] Assistant Secretary  
(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.

2019 JUL 23 AM 11:46

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

A. DIRECTORS

Dan Henry

Chairman: \_\_\_\_\_

P.O. Box 22865

Address: \_\_\_\_\_

Kansas City, MO 64113

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Anh Hatzopoulos

Director: \_\_\_\_\_

P.O. Box 22865

Address: \_\_\_\_\_

Kansas City, MO 64113

George Gresham

Director: \_\_\_\_\_

P.O. Box 22865

Address: \_\_\_\_\_

Kansas City, MO 64113

B. OFFICERS

Anh Hatzopoulos

President: \_\_\_\_\_

P.O. Box 22865

Address: \_\_\_\_\_

Kansas City, MO 64113

Trevor Erxleben

Vice President: \_\_\_\_\_

P.O. Box 22865

Address: \_\_\_\_\_

Kansas City, MO 64113

Steve Coleman

Secretary: \_\_\_\_\_

P.O. Box 22865, Kansas City, MO 64113

Address: \_\_\_\_\_

Trevor Erxleben

Treasurer: \_\_\_\_\_

P.O. Box 22865, Kansas City, MO 64113

Address: \_\_\_\_\_

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.

Steven F. Coleman, Secretary

13. \_\_\_\_\_

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

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**ADDENDUM**  
**(Section 11(B))**

Chief Executive Officer:

Dan Henry  
P.O. Box 22865  
Kansas City, MO 64113

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAMA TECHNOLOGY, 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 TWENTY-THIRD DAY OF JULY, 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 "DAMA TECHNOLOGY, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2017.

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



6382730 8300

SR# 20196107511

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203268101

Date: 07-23-19