Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000285028 3)))



Note: DO NOT his the REFRESH/RELOAD button on your browser from this page. Poing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: INCORP SERVICES INC Account Name

Account Number : 120120000007 Phone

: (702)866-2500

Fax Number

: (702)866-2689

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

FOREIGN PROFIT/NONPROFIT CORPORATION Dovly, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Y SCOTT

Electronic Filing Menu

Corporate Filis [Namu2019

Help

□ \$87.50 Filing Fee,

Certificate of Status & Certified Copy

COVER LETTER

TO:	Registration Section					
	Division of Corporations	B - A - 1	-			
SUBJ	TECT:	Dovly, I	nc.			
	Name of corp	poration - must	include suffix	2019 Sec		
Dear S	Sir or Madam:			(//		
	,					
The er	nclosed "Application by Foreign Corpora	tion for Authori	zation to Transa	ct Business in Florida"		
"Certi	ficate of Existence," or "Certificate of Go	ood Standing" a	nd check are sul			
above	referenced foreign corporation to transac	t business in Fl	orida.			
Please	return all correspondence concerning thi	is matter to the	following:			
	Ge	orgia Dorsam		R		
	N	lame of Person		_ y		
	InCo	orp Services, Inc	•			
	Fi	rm/Company				
	3773 Howard Hu	ighes Parkway	7, Suite 500S	_		
		Address				
	Las Veg	as, NV 89169-	6014			
	City	/State and Zip	code			
	<u> </u>	nconi@shoqen				
	E-mail address: (to l	e used for futu	re annual report	notification)		
For fu	orther information concerning this matter,	please call:				
		•				
orgia De	orsam on behalf of InCorp Services, Inc. at 80	0-246-2677				
		rea Code	Daytime Telep	phone Number		
			NA ATT TRACE	DDDEGG.		
	STREET/COURIER ADDRESS:		MAILING ADDRESS: Registration Section			
	Registration Section		Division of C			
	Division of Corporations Clifton Building		P.O. Box 632			
	2661 Executive Center Circle		Tallahassee,			
	ZOUT EXCOUNTY CONTOL CHOICE		,			

☐ \$78.75 Filing Fee &

Certified Copy

Tallahassee, FL 32301

■ \$70.00 Filing Fee

Enclosed is a check for the following amount:

□ \$78.75 Filing Fee & Certificate of Status

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.

				 			
	rporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPAN	Y," "CORP	ORATION,"			
, 2,				₹	~		
				TTV.	=		
				<u>. 58</u>	_ 		
If name unavaila	ble in Florida, enter alternate corporate nan	ne adopted for th	ne purpose of	transacting b	па інс эз	in Florid	
				AS F	\sim		
Delaware —		3		<u> </u>		_ 	
(State or country	under the law of which it is incorporated)		(FEI nu	nber, if appli	cable)	فسلسة	
05/08/19		5 Perpetual			ĭ	j j	
(Date of incorporation)		(D	(Date of duration, if other than perpetual)				
Upon Filing				££	1 6		
4040 C. IIIdia	n Sanaal Ra Malian Honenix Az	X411178					
	n School Rd. #21-263, Phoenix AZ (Prir	ecipal office add	ress)				
	(Prir	icipal office add	-				
	(Prir		-				
	(Prir	icipal office add	-				
Name and stree	(Prir	ncipal office add	different)	e)			
Name and <u>stree</u> Name:	(Prir (Current ma	ncipal office add	different)	e)			
Name:	(Prin (Current ma at address of Florida registered agent: (ncipal office add	different)	e)			
	(Prin (Current ma it address of Florida registered agent: (InCorp Services, Inc.	ncipal office add	different) Facceptable	e)			

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.

Hurgie Dorsam on behalf of Incorp Services, Inc.
(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.

A. DIREC	TORS		
Chairman: _			···, —
Address:			
Vice Chairms	an:	Dec.	70
Address:		A.O. □	<u> </u>
		<u> </u>	<u> </u>
Director:		SS	2
Address:			<u> </u>
		<u></u>	
Director:		0A 	<u> </u>
Address:			
B. OFFIC	ERS		
President: _	Tedis Baboumian /		
Address:	4340 E. Indian School Rd. #21-263		
	Phoenix, AZ 85018		
Vice Preside	ns		
Address:			
Secretary: _	Michael Rubenstein		
Address:	4340 E. Indian School Rd. #21-263, Phoenix, AZ 85018		
Treasurer:	Nint Rubenstein		
Address:	4340 E. Indian School Rd. #21-283, Phoenix, AZ 85018		
NOTE: If	nosuspen you may attach an addendum to the application listing additions	J efficient und/	or directors.
12.			
	Signature of Director or Officer		

13. Michael Rubenstein, Secretary

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

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF JOSEPH CERTIFY "DOULY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING ANDHAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF SEPTEMBER, AND 2019.

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

7409662 8300

SR# 20197168020
You may verify this certificate online at corp.delaware.gov/authver.shtml

Julivy VI. Ballons, Secretary of Stere

Authentication: 203646840

Date: 09-23-19