(((H19000347473 3)))



H190003474733ABC5

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

m	_	
1	U	۰

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES

Account Number : I20040000031

Phone : (800)906-9220

Fax Number : (800)906-9880 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:

FOREIGN PROFIT/NONPROFIT CORPORATION Dopplet, Inc.

Certificate.of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75
Latintaide dinage	

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: New Filing Section Division of Corpor	ations		
SUBJECT: DOPPL	ET, INC. Name of corporation	- must include suffix	
Dear Sir or Madam:			. ~
The enclosed "Application	by Foreign Corporation for or "Certificate of Good Sta orporation to transact busin	Authorization to Transact nding" and check are subm ess in Florida.	C-2
Please return all correspon	dence concerning this matte	er to the following:	A P II
Sal Abecasis		C.D.	- <u>For -</u> O
	Name of		#8
Allstate Corpor	ate Services Cor	mnany	
2215 HENDRI	CKSON STREET	• •	
ZZTOTIZITOTI		lress	_
BROOKLYN, N	NY 11234		
DICOURT OF THE PROPERTY OF THE	City/State	and Zip code	
filing@acs123.c	OM R-mail address: (to be use	d for future annual report n	otification)
For further information of	oncerning this matter, pleas		
Naomi Ostopo			
Name of Person		ea Code & Daytime Telepho	one Number
STREET/COU New Filing Sect Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle	MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations 7
Enclosed is a check for	the following amount:		
S70.00 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.

DOPPLET, IN	IC.	
(Enter name of cor "Inc.," "Co.," "Cor	poration; must include "INCORPORATED p," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"
		17 S 20 11 11 11 11 11 11 11 11 11 11 11 11 11
(If name unavailat	ole in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Florida)
DELAWARE	3	3
(State or country u	nder the law of which it is incorporated)	(FEI number, if applicable)
7/10/2017		S. PERPETUAL S.
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpanal")
698 Monroe A	(Date first transacted business (SEE SECTIONS 607.1501 & 607 (See Pittsford, NY 15634	in Florida, if prior to registration) 7,1502, F.S., to determine penalty liability)
7	(Principal office a	address)
69B Monroe A	Ave. Pittsford, NY 15634	
	(Current mailing a	address)
Develops an	d markets mobile applications for	r communication.
8. Purpose(s) of corporation authorized in home state or	or country to be carried out in state of Florida)
	n address of Florida registered agent: (
	REGISTERED AGENT SOLUT	TIONS, INC.
Name:		
Office Address:	155 Office Plaza Dr., Suite A	
	Tallahassee	_ , Florida <u>32301</u>
		(Zip code)

10. 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.

11. 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chainnan: Laura Odorczyk 69B Monroe Ave. Address: Pittsford, NY 15634 Vice Chairman: Director: ___ Director: Address: _____ B. OFFICERS President: Laura Odorczyk Address: _____ Pittsford, NY 15634 Vice President: Secretary: ___ Treasurer: __ Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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. 14. Laura Odorczyk, CEO

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DOPPLET, 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 TWELFT'H DAY OF NOVEMBER, A.D. 2019

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVED SOLVED TO DATE.

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

WAS INCORPORATED ON THE TENTH DAY OF JULY, A.D. 2017.

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

Authentication: 203979163

Date: 11-12-19

6473435 8300 SR# 20198020459