(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Special Instructions to Filing Officer:
m1900010956

Office Use Only



100337248801



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 059970 / 8014297

\$ 70.00

AUTHORIZATION : STRUCK

COST LIMIT :

ORDER DATE: November 22, 2019

ORDER TIME : 12:43 PM

ORDER NO. : 059970-010

CUSTOMER NO: 8014297

#### FOREIGN FILINGS

NAME: DOLLY, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:



## RESUBMIT

Please give original submission date as file date.

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 25, 2019

**CSC** 

SUBJECT: DOLLY, INC.

Ref. Number: W19000102385

2919 DEC 26 ANTH 24

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

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

Letter Number: 019A00024008

Yvette Scott Document Specialist II

www.sunbiz.org

### **COVER LETTER**

TO:	Registration Se Division of Cor						
SUBJ	Dolly, Inc	τ.					
SUDA	EC1.	Name o	of corporatio	n - must	include suffix		
Dear S	ir or Madam:						
"Certif	ficate of Existence	ion by Foreign Co e," or "Certificate in corporation to tr	of Good Sta	ınding`` a	and check are su		
Please return all correspondence concerning this matter to the following:							
Cascy	Klaus						2,
			Name of	Person		<u> </u>	
Dolly.	Inc.					;;; 	PH 1
	-		Firm/Cor	npany			<u> </u>
901 5th	n Ave, Ste 600,					<u>ئ</u> با	52
			Addı	ress			
Seattle	. WA 98164						
	<del></del>		City/State	and Zip	code		
casey@	dolly.com		•				
•		E-mail address	(to be used	for futu	re annual report	notification)	
For fur	ther information	concerning this m	atter, please	cali:			
Casey Klaus		206 at (	413	413-5312			
	Name of Perso		Area Co	/ de	Daytime Telep	ohone Number	_
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclos	ed is a check for	the following amo	unt:				
<b>570</b>	0.00 Filing Fee	S78.75 Filing Certificate o	•		'5 Filing Fee & fied Copy	S87.50 Filin Certificate Certified C	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.

"Inc" "Co.," "Co	rporation; must include "INCORPORATED," "Crp." "Inc." "Co," or "Corp.")  Ole in Florida, enter alternate corporate name adop		siness in Flo	orida)			
Delaware	Delaware 47-1896479						
2. (State or country	under the law of which it is incorporated)	(FEI number, if applica	(FEI number_if applicable)				
01/23/2014	5.			2019			
(Date	(Date of incorporation)  5. (Date of duration, if other than						
6			( )	22			
901 5th Ave. Ste 6	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  901 5th Ave, Ste 600, Seattle, WA 98164 (Principal office address)						
·	(Principal c	office address)	77	52			
<del></del>	(Current mailing a	ddress, if different)		<del>.</del>			
8. Name and street  Name:	address of Florida registered agent: (P.O. E	ox <u>NOT</u> acceptable)					
Office Address:	1201 Hays Street	_					
	Tallahassee	32301 , Florida					
	(City)	(Zip code)					
designated in this further agree to co	nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmen imply with the provisions of all statutes rela imiliar with and accept the obligations of m	it as registered agent and agree to tive to the proper and complete p	o act in th	is capacity. I			

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.

(Registered agent's signature)

Kadesha Roberson Sest. Vice President 11. Names and business addresses of officers and/or directors:

A. DIRI	ECTORS			
Chairman	Mike Howell			
Address:	901 5th Ave, Ste. 600			
	Scattle, WA 98164			
Vice Chai	rman:			
		<del></del>		<u></u>
-				
Director:		=1.	2	
Address:			ko:   610	• 1
		<u> </u>	- TO	
Director:		in v	2	<del></del>
Address:			7.	<u> </u>
		·	رن ج:	
B. OFFI	CFRS	-	1-0	
	Mike Howell			
	901 5th Ave, Ste 600, Scattle, WA 98164	<del></del>	-	·•
Vice Presi	dent:			
,				
Secretary:				
Address:				
Treasurer:				
Address:				<u> </u>
NOTE:	If necessary, you may attach an addendum to the application listing additional office	ers and/or	directors	•
12	M. R. WU			
The office	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms	that the fa	acts stated	l herein
are true a	nd that he or she is aware that false information submitted in a document to the Dep gree felony as provided for in s.817.155, F.S.			
	Howell, CEO			
	(Typed or printed name and capacity of person signing application)			

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DOLLY, 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-SECOND DAY OF NOVEMBER, 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 "DOLLY, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2014

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



Authentication: 204066246

Date: 11-22-19