F20000002316

(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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40/2/

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

FROM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

Melissa Stops mstops@incserv.com 850.656.7953

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-	-	-		

PRIORITY Routine

OUR REF # (Order ID#). 829554

ORDER ENTITY ____ JETDOC, INC.

EASE PERFORM THE FOLLOWING SERVICES:
JETDOC, INC. (FL)
File the attached foreign qualification document and provide a certified copy and certificate of status

as evidence.

NOTES: \$87.50 Authorized

Email address for annual report reminders: tommy2duncan@yahoo.com

RETURN/FORWARDING INSTRUCTIONS: ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Page 1 of 1 Wednesday, May 20, 2020

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.

Jetdoc, Inc.					
(Enter name of co	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"			
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busin	ess in Florida)		
Delaware 2.		3. 84-4278856			
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable	e)		
January 9, 2020					
(Date	of incorporation)	(Date of duration, if other than perpetual)			
6.					
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)			
4370 Westover P		502, 1 .S., to determine penanty monthly)			
7	lace, NW, Washington, DC 20016	fice street address)			
		 ,	2020 H.T.		
	(Current maili	ng address, if different)			
			20		
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	77		
Noma	Incorporating Services, Ltd.		<u>:</u>		
Name:	1540 Cl D		رن ت		
Office Address:	1540 Glenway Drive	_ 			
	Tallahassee	, Florida <u>32301</u>			
	(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.

(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. DIRECTORS						
□Chairman	Name: Thomas Duncan	Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	Washington, DC 20016	□Director		<u> </u>		
■ President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	Secretary		□Treasurer		
Other Chief Ex	ecutive Officer Other	Other		□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		□President		··		
□Vice President		□Vice President				
Secretary	☐Treasurer	□Secretary		□Treasurer		
□Other	□Other	Other		Other		
□Chairman	Name:	□Chairman	Name:	 		
□Vice Chairman	Address:	□Vice Chairman	Address:		<u>-P.</u>	
□Director		□Director			-3	
□President		President				
□Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary		Treasurer		
Other	□Other	□Other		Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer.						
	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. Thomas Du	ıncan, Chief Executive Officer		 			

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "JETDOC, 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 TWENTIETH DAY OF MAY, A.D. 2020.

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

WAS INCORPORATED ON THE NINTH DAY OF JANUARY, A.D. 2020.

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

70201" 20 PH 10: 01

Authentication: 202962731

Date: 05-20-20