# F2100003377

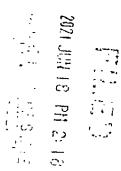
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Office Use Only



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LARA



May 8, 2021

ZEN LEWIS 4072 SUGAR PALM TERRACE OVIEDO, FL 32765

SUBJECT: DADDY LOU INC. Ref. Number: W21000063351

We have received your document for DADDY LOU INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 221A00009663

Yvette Scott Document Specialist II

www.sunbiz.org

### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: <u>DAU</u>	JUY Lou Fr		
N	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Forei "Certificate of Existence," or "Certiabove referenced foreign corporation	ficate of Good Stan	ding" and check are submi	Business in Florida," tted to register the
Please return all correspondence cor	ncerning this matter	to the following:	
		_	
	Lewis Name of	Person	722
_	_		
	MUDY CON	Ind:	2021 JUN 1 8
		• •	• • • • • • • • • • • • • • • • • • • •
19068	Roblina	PC.	
	Addre	ess	
Sher	2mm-DAN	S (A. 914) nd Zip code	3
	City/State a	nd Zip code	
$\mathcal{D}$	020002	or future annual report noti	
E-mail ac	ddress: (to be used f	or future annual report noti	fication)
For further information concerning t	this matter, please c	all:	
701/00	210	0119 7113	
Name of Person	at ( <u>57 ()</u> Area Code	Daytime Telephor	ne Number
			io i vamooi
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, Fl. 32303		MAILING ADD Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
	DA DEPARTMENT		☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

#### DUSINESS IN FLURIDA

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.

1. <u>  DADD</u>	4 lon Frc			
(Enter name of co	poration; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"		
"lnc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.")			
	D T-01 ( 00)			
	The TEST OF ZON			
(If name unavailab	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacting bus	iness in Florida)	
$\sim 0.1$	L. CA	115-5200222		
2. <u>De 114</u>	ware USA 3.	93 3309333	.1.\	
•	under the law of which it is incorporated)	(FEI number, if applicat		
4	Appil 26th 2012 5			
4. April 26th 2012 5. (Date of incorporation)		(Date of duration, if other than perpetual)		
(Isale (	n meorporation)	(isace of daration, it other than p	-	
6.			· 6	
	(Date first transacted business in F	Florida, if prior to registration)	<u> </u>	
	(SEE SECTIONS 607.1501 & 607.1502	2, F.S., to determine penalty liability)		
_ 17	Dulle 1 with the stand	by leader to	2	
7 <del>X</del>	348 WHITE HALL DRIVE (Principal office	WINKE PARK FL.	22792	
	(Principal office	street address)	•	
10	UNIO PARIAN PIMI	Was as military Com	91.423	
	4268 RoBIAR PIACE 5. (Current mailing)	address, if different)	·/////	
	(94.13.11	,	<b>/</b> □.	
8. Name and street	address of Florida registered agent: (P.O.	Box NOT acceptable)		
	1 1 1 11			
Name:	CAROL PURCell	_		
Office Address:	4072 Sugar Palon T	carre		
		7.715		
	(City)	, Florida		
	(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						
<b>□</b> Chairman	Name: Za luw 13	□Chairman	Name: MICiral Guis			
□Vice Chairman	Address: 4072 Sugar Porter Ten.	☑Vice Chairman	Address: 4072 Sugran PA(u			
□Director	001000 FC.32765	□Director	Address: 4072 Sugar PA(W			
□President	<del></del>	□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	Secretary	□Treasurer			
Other	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		□Vice Chairman	Address:			
□Director		Director				
□President		□President				
□Vice President		□ Vice President				
Secretary	Treasurer	□Secretary	□Treasurer			
□Other	Other	□Other	Other			
individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment and the index when filing your Florida Departm	ent of State Annual R	eport form.			
12	las					
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.						
13						
(Typed or printed name and capacity of person signing application)						

T&,

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DADDYLOU 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 THIRD DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE:

Authentication: 203353432

Date: 06-03-21

5145614 8300 SR# 20212338585

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