F21000005857

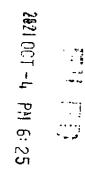
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(Dustana Carle News)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
3

Office Use Only



500374375765

10/04/21--01032--005 **70.00



534/11/24

COVER LETTER

_	tration Section ion of Corporations						
SUBJECT:	Donovan Williams Inc						
SOBJECT.	Nam	ne of corporation	on - must i	nclude suffix			
Dear Sir or M	adam:						
"Certificate of	"Application by Foreign f Existence," or "Certificated foreign corporation to	ate of Good St	anding'' ar	id check are sub			
Please return	all correspondence conce	rning this matt	er to the f	ollowing:			
Donovan Willi	ams						
		Name o	f Person				
Donovan Willi	ams Inc.						
		Firm/Co	mpany				
5310 NW 33rd	Ave #103						
		Ade	lress	-			
Ft Lauderdale,	FL 33309						
		City/State	and Zip c	ode		152\ CC	
homestats2020						<u></u>	- 1
	E-mail addr	ess: (to be used	d for future	e annual report i	notification)	1	
For further inf	formation concerning this	s matter, please	call:			PH	
Marsha Griffin		954 at (398-0	0622		6: 25	٠.
Namo	e of Person	Area Co	ode /	Daytime Telep	hone Number	Cu Cu	
Regis Divisi The C 2415	EET/COURIER ADDRI tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 hassee, FL 32303			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		
	_	DEPARTMEN	□ \$78.75	ATE Filing Fee & ed Copy	S87.50 F Certified Certified	ite of Status &	Ł

- 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.

e in Florida, enter alternate corporate name add	-	business in Florida)				
3. 87	'-2844150					
	3. 87-2844150					
untry under the law of which it is incorporated) 3. (FEI number, if applicable)						
5.						
(Date of incorporation) (Date of duration, if other than perpetual)						
(Date first transacted business in F		۸				
	, r.s., to determine penalty hability	')				
	etraat address)					
·	street address)					
	iddress if different)					
(00.1011.11.11.11.11.11.11.11.11.11.11.11	,					
ddress of Florida registered agent: (P.O. I	Box NOT acceptable)	2				
Donovan Williams		2#21 OCT				
	_	007				
3310 NW 33rd Ave Ste 103	_	1				
Ft Lauderdale	, Florida 33309	PH 6: 25				
	. г юноа					
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 3A Middletown, DE 19709 (Principal office of the second of the secon	(Date of duration, if other th (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability 3A Middletown, DE 19709 (Principal office <u>street</u> address) Ste 103 Ft Lauderdale, FL 33309 (Current mailing address, if different) address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Donovan Williams 5310 NW 33rd Ave Ste 103				

(Registered agent's signature)

and I am familiar with and accept the obligations of my position as registered agent.

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 Donovan Williams Name: □ Chairman ■ Chairman 5310 NW33rd Ave Ste 103 ☐ Vice Chairman Address: ☐Vice Chairman Ft Lauderdale, FL 33309 □ Director Director □ President President □Vice President □ Vice President □Treasurer ☐ Treasurer ☐ Secretary ☐ Secretary □Other _____ □Other _____ ☐Other _____ □Other ___ ☐ Chairman Name: _____ Chairman Name: ______ □ Vice Chairman Address: ______ Address: □Vice Chairman □ Director □ Director □ President □President □Vice President _____ ☐ Vice President □ Secretary ☐ Treasurer □Treasurer □ Secretary □Other _____ □Other _____ □Other _____ Other Name: _____ Name: _____ ☐ Chairman □ Chairman Address: ☐ Vice Chairman □ Vice Chairman Address: ______ □ Director □ Director □President □ President □Vice President _____ ☐ Vice President □Treasurer ☐ Treasurer □ Secretary □ Secretary □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 year Horida Department of State Annual Report form. 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.



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

DELAWARE, DO HEREBY CERTIFY "DONOVAN WILLIAMS 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-NINTH DAY OF SEPTEMBER, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DONOVAN WILLIAMS INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2021.

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

2321 OCT -4 PH 6: 25

Authentication: 204281290

Date: 09-29-21