# F21000006649

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

Office Use Only



800376292378

SECNETANY OF STATE

APPROVEU AND FILEO

RECEPTION 3: C

NOV 1 9 2021 K. Brumbley

#### 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**

**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

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

**REQUEST DATE** 11/18/2021

**PRIORITY** Routine

OUR REF # (Order ID#) Terri

ORDER ENTITY

ROI DNA, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:	 		
ROI DNA, INC.			

Please file the attached qualification.

NOTES:

\$70.00 Authorized

Email address for annual report reminders: radiv@incserv.com

### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

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

Sincerely,

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.

## 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.

	ible in Florida, enter alternate corporate name	adopted for the purpose of transacti	ng business in Florida)	
Delaware	3. v under the law of which it is incorporated)	(FEI number. if a		
0015755				
(Date of incorporation)  01/01/2021  5.		(Date of duration, if other than perpetual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15		lity)	
156 Cascade Dr.,	Fairfax, CA 94930			
	(Principal offi	ce <u>street</u> address)		
	(Current mailin	g address, if different)	<del></del>	
	<b>(</b>	g,	021 NOV 18 SECRETARY NLT AHASSE	
Name and stree	t address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	₩ -	
Name:	Incorporating Services, Ltd.		ritim, in	
fice Address:	1540 Glenway Drive		PR -	
	Tallahassee	, Florida 32301	1: 08	
	(City)	(Zip code)		
aving been nam signated in this rther agree to co	nt's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm amply with the provisions of all statutes re with and accept the obligations of my pos	nent as registered agent and agr clative to the proper and comple	ree to act in this capacity	

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS					
□Chairman	Name: Matt Quirie	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address: 156 Cascade Dr.		
Director	Fairfax, CA 94930	Director	Fairfax, CA 94930		
President		□President			
□Vice President		□Vice President			
☐ Secretary	<b>■</b> Treasurer	Secretary	□Treasurer		
Other CEO	■Other CFO	□Other	□Other		
□ Chairman	Namc: Steve Anderson	□Chairman	Name:		
□Vice Chairman	156 Cascade Dr.		Address:		
Director	Fairfax, CA 94930	☐ Director	Address.		
President		□President			
□Vice President		□Vice President			
Secretary	□Treasurer	☐ Secretary	☐ Treasurer		
Other	Other	□ Other	□ Other		
□ Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:		Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
□ Secretary	☐Treasurer	☐ Secretary	☐ Treasurer		
□Other	□Other	Other	Other		
	Use an attachment to report more than six (6). The atta added to the index when filing your Florida Departme				
12.					
	Signature of Director of	or Officer			
The officer or direct she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in number also information submitted in a document to the Depart	er 11 above) affirms the timent of State constitu	at the facts stated herein are true and that he or tes a third degree felony as provided for in		
13. <u>Ma</u>	(Typed or printed name and capacity of person	on signing application	)		

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ROI DNA, 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-SEVENTH DAY OF OCTOBER, 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 "ROI DNA, INC."

WAS INCORPORATED ON THE SIXTH DAY OF FEBRUARY, A.D. 2012.

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

Authentication: 204529673

Date: 10-27-21