## F22000000958

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## **COVER LETTER**

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ÇI	UBJE <b>C</b> T	LATEN	TAI, INC						
30	ODJECI		Namo	of com	oration -	must inc	lude suffix		
Do	car Sir or	Madam:							
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Ple	lease retur	n all corres	pondence concer	ning this	matter t	o the foll	owing:		
	Jourdan Cerrillo								
_				N	ame of P	erson			
				DoMy	LLC.co	m, LLC			
	Firm/Company								
	5716 Corsa Ave Suite 110								
	Address								
***			Wes	llake Vi	llage, C	A 91362	-7354 		
				-		d Zip cod myllc.com			
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Fo	or further	informatior	concerning this	matter, j	please ca	11:			
Jourdan Cerrill	llo on be	ehalf of Do	MyLLC.com, LLC	at		88	38-366-9552		
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	Reg Div The 241	gistration Solition of Co e Centre of	rporations Tallahassee oe Street, Suite 8				MAILING A Registration S Division of Co P.O. Box 632 Tallahassec, F	ection orporat 7	ions
Ple		check payab	the following ar le to: <b>FLORIDA 1</b> \$78.75 Fil Certificate	DEPART ing Fee	& 🗆		iling Fee &		\$87.50 Filing Fee. Certificate of Status & Certified Copy

## 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.

	rporation: must include "INCORPORATED," "	COMPANY." "CORPORATION	••	
"Inc" "Co" "Co	rp." "Inc." "Co." or "Corp.")			
(If name unavaila	ble in Florida, enter alternate corporate name ado	opted for the purpose of transacting	g business in Florida)	
Delaware	3			
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
11/20/2018	of incorporation) 5			
	of incorporation)	(Date of duration, if other th	han perpetual)	
Upon Filing				_
-	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		y)	
333 Ravenswo	ood Avenue, Building A, Menlo Park, CA	94025		
	(Principal office	street address)		•
	·			
	(Current mailing a	address, if different)		
			2022 SEC TALL	
Name and street	t address of Florida registered agent: (P.O. I	Box NOT acceptable)	<b>2 FEB</b> CREW	7
Name:	InCorp Services, Inc.		SS AT A	
	17888 67th Court North			IT
office Address:		<del></del>		
ffice Address:	Loxahatchee	33470 , Florida	10: 0 10: 10: 10: 10: 10: 10: 10: 10: 10: 10:	C
ffice Address:	Loxahatchee (City)	, Florida 33470 (Zip code)	AM 10: 03 DF STATE FLORIDA	
	(City)	, Florida	10: 03 STATE LORIDA	
Registered agu	(City) ent's acceptance: ed as registered agent and to accept service	, Florida(Zip code)  of process for the above stated	l corporation at the	place
Registered ag aving been nam esignated in this	(City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme	Florida, Florida	l corporation at the se to act in this capa	place
Registered ago aving been name esignated in this orther agree to c	(City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rela	Florida (Zip code) (Zip code) of process for the above stated int as registered agent and agre ative to the proper and complet	l corporation at the se to act in this capa	place
Registered agi aving been nam esignated in this arther agree to c	(City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme	Florida (Zip code) (Zip code) of process for the above stated int as registered agent and agre ative to the proper and complet	l corporation at the se to act in this capa	place

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.

⊒Chaiπnan	Name:	□Chainnan Name: Chloe H. Chan			
	Address:	□Vice Chairman Address:			
333 F ■Director	Ravenswood Avenue, Building A				
Menl	D Park, CA 94025	Menlo Park, CA 94025  □President			
□Vice President		□Vice President			
☐Secretary	□Treasurer	■ Secretary	□Treasurer		
CEO  Other	Other	■Other CFO/COO	□Other		
□Chairman	Name:	□Chairman Name: _	Jagadeesh Kandasamy		
□Vice Chairman	Address:	□Vice Chairman Address	S:		
□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 Addres	s:		
☐ Director		□Director			
☐ President		□President			
□Vice President		□Vice President			
□Secretary	☐ Treasurer	Secretary	□Treasurer		
□Other	Other	□Other	□Other		
Important Notice: individuals may be	Use an attachment to report more than six (6). To detect to the index when filing your Florida De	epartment of State Annual Report for	n.		
	Signature of Di	rector or Officer			
	ctor signing this document (and who is listed in also information submitted in a document to the				

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "LATENTAL 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-SIXTH DAY OF JANUARY, A.D. 2022.

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

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

WAS INCORPORATED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2018.

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



Jeffrey W. Bullock, Secretary of State

Authentication: 202490404