# F22000001101

(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



800376707368

02/23/22--01015--010 \*\*87.50

2022 FEB 23 AM II: 37

FILED

2022 FEB 23 AM II: (

K. SALY FEB 2 3 2022

#### **COVER LETTER**

_	ion of Corporations			
SUBJECT:	DGD Acquisition, Inc.			
	Name of	corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tran	Good Stand	ing" and check are submitte	
Please return	all correspondence concerning	this matter t	o the following:	
Vanessa Baile	y			
		Name of P	erson	
Kostopoulos R	odriguez, PLLC			
		Firm/Comp	any	
550 W. Merril	l St., Ste. 100			
		Addres	S	
Birmingham, M	MI 48009			
	(	City/State and	d Zip code	_
abrown@ncpa	rtners.com			
_	E-mail address: (	to be used fo	r future annual report notiti	cation)
For further in	formation concerning this mat	ter, please ca	II:	
Vanessa Bailey	y at	248	841-0278	
Nam	e of Person	Area Code	Daytime Telephone	Number
Regis Divis The C 2415	tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDI Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FI. 3	on rations
	check for the following amounteck payable to: FLORIDA DEPing Fee	ARTMENT (		\$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.

3	1-4030213	
nder the law of which it is incorporated)	87-4698215 (FEI number, if applicable)	
incorporation) 5	(Date of duration, if other than perpetual)	
(Date first transacted business in Fl	orida, if prior to registration)	
· -		ت د:
(Current mailing ac	ddress, if different)	3- T
		FFB 23
ddress of Florida registered agent: (P.O. B	lox NOT acceptable)	ပြိ
Registered Agents Inc.		圣
7901 4th St N STE 300		空二:37
Ct. Dotorob		
St. Petersburg	m 11 JJ/UZ	
	incorporation)  (Date first transacted business in Florida registered agent: (P.O. B. Registered Agents Inc.)	incorporation)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  t., Unit 4E, New York, NY 10013  (Principal office street address)  (Current mailing address, if different)  ddress of Florida registered agent: (P.O. Box NOT acceptable)  Registered Agents Inc.

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.

(Registered agent's signature)

#### A. DIRECTORS Alexander Brown Name: Name: \_\_\_\_ □ Chairman □ Chairman 35 Mercer St., Unit 4E 35 Mercer St., Unit 4E ☐ Vice Chairman Address: □ Vice Chairman Address: New York, NY 10013 New York, NY 10013 □Director □ Director President President ■ Vice President ■ Vice President $\square$ Treasurer ■ Secretary Treasurer □ Secretary □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: □Chairman Name: \_\_\_ □Vice Chairman Address: □ Vice Chairman Address: \_ □Director □ Director □President □ President □ Vice President □Vice President □Treasurer ☐ Treasuréi □ Secretary □ Secretary ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other | □ Chairman Name: \_\_\_\_\_ □ Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_ □Director □Director □President □President □ Vice President □ Vice President □ Treasurer □ Secretary □ 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. 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

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 of 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.

Alexander Brown, Director/Co-President/Co-Vice President/Secretary

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DGD ACQUISITION, 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 JANUARY, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DGD ACQUISITION, INC" WAS INCORPORATED ON THE FOURTH DAY OF JANUARY, A.D. 2022.

2022 FEB 23 AMIN: 36

Authentication: 202524312

Date: 01-29-22

6561575 8300 SR# 20220290868

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