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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AN ACT OF DOG, INC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MARK BARONE
Name of Person
AN ACT OF DOG
Firm/Company
1090 29TH ST, SW
Address
NAPLES, FL 34117
City/State and Zip code
MBARONE2008@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARINA BARONE at (505) 577-4656
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$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.

1. AN ACT OF DOG, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. KENTUCKY 3. EIN: 45-2047310
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MAY 9TH 2011 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1090 29TH STREET, SW NAPLES, FL 34117
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: MARK BARONE

Office Address: 1090 29TH ST, SW
NAPLES, Florida 34117
(City) (Zip code)

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STATE
TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

| | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Chairman | Name: <u>MARK BARONE</u> | <input type="checkbox"/> Chairman | Name: _____ |
| <input type="checkbox"/> Vice Chairman | Address: <u>1090 29th ST SW</u> | <input type="checkbox"/> Vice Chairman | Address: _____ |
| <input checked="" type="checkbox"/> Director | <u>NAPLES, FL 34117</u> | <input type="checkbox"/> Director | _____ |
| <input checked="" type="checkbox"/> President | _____ | <input type="checkbox"/> President | _____ |
| <input type="checkbox"/> Vice President | _____ | <input type="checkbox"/> Vice President | _____ |
| <input type="checkbox"/> Secretary | <input checked="" type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Chairman | Name: <u>MARINA BARONE</u> | <input type="checkbox"/> Chairman | Name: _____ |
| <input type="checkbox"/> Vice Chairman | Address: <u>1090 29th ST SW</u> | <input type="checkbox"/> Vice Chairman | Address: _____ |
| <input checked="" type="checkbox"/> Director | <u>NAPLES, FL 34117</u> | <input type="checkbox"/> Director | _____ |
| <input type="checkbox"/> President | _____ | <input type="checkbox"/> President | _____ |
| <input type="checkbox"/> Vice President | _____ | <input type="checkbox"/> Vice President | _____ |
| <input checked="" type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | | | |
|--|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Chairman | Name: <u>BRENDA COOPER</u> | <input type="checkbox"/> Chairman | Name: _____ |
| <input type="checkbox"/> Vice Chairman | Address: <u>11701 MONTANA AVE</u> | <input type="checkbox"/> Vice Chairman | Address: _____ |
| <input checked="" type="checkbox"/> Director | <u>SUITE # 402</u> | <input type="checkbox"/> Director | _____ |
| <input type="checkbox"/> President | <u>LOS ANGELES, CA 90049</u> | <input type="checkbox"/> President | _____ |
| <input type="checkbox"/> Vice President | _____ | <input type="checkbox"/> Vice President | _____ |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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.

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. MARK BARONE - PRESIDENT
(Typed or printed name and capacity of person signing application)

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 266410

Visit <https://web.sos.ky.gov/fishow/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

AN ACT OF DOG, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 273, whose date of incorporation is May 9, 2011 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 5th day of March, 2022, in the 230th year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
266410/0791170