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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number က် Email Address: FOREIGN PROFIT/NONPROFIT CORPORATION DNDM, INC Certificate of Status

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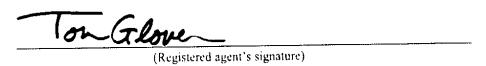
Help

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.

·	orp," "Inc," "Co," or "Corp.")		The state of the s		
	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting	g business in Plorida)		
Delawar	e				
(State of county) and of the		(FEI number, if ap	(FEI number, if applicable)		
09/07/20	304				
(Date of incorporation)		(Date of duration, if other t	(Date of duration, if other than perpetual)		
	(Date first transacted business	in Florida, if prior to registration)			
	(SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liabili	ty)		
4704 Big	(SEE SECTIONS 607.1501 & 607. leaf lane Panama Cit	1502, F.S., to determine penalty liabili y Beach Fl 32408	ty)		
	(SEE SECTIONS 607.1501 & 607. leaf lane Panama Cit	1502, F.S., to determine penalty liability Beach Fl 32408 (Tice street address)			
	(SEE SECTIONS 607.1501 & 607. leaf lane Panama Cit (Principal o t N STE 300 St. Petersburg F	1502, F.S., to determine penalty liabili y Beach Fl 32408 ffice street address) FL 33702			
	(SEE SECTIONS 607.1501 & 607. leaf lane Panama Cit (Principal o t N STE 300 St. Petersburg F	1502, F.S., to determine penalty liability Beach Fl 32408 (Tice street address)			
7901 4th S	(SEE SECTIONS 607.1501 & 607. leaf lane Panama Cit (Principal o t N STE 300 St. Petersburg F (Current mail	1502, F.S., to determine penalty liability Beach Fl 32408 ffice street address) FL 33702 ling address, if different)	2022 MAY -3 SEI BL WAY FALLI AHASSE		
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7901 4th S Name and stre	(SEE SECTIONS 607.1501 & 607. leaf lane Panama Cit (Principal o t N STE 300 St. Petersburg F (Current mail	1502, F.S., to determine penalty liability Beach Fl 32408 ffice street address) FL 33702 ling address, if different) P.O. Box NOT acceptable)	2022 MAY -3 PM 5: 1 SEINL MINT OF STATE TALL AHASSEC, FILORI		

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.



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						
□Chairman	Name: Nicole Torres	□Chairman	Name:			
□Vice Chairman	Address: 4704 Bigleaf Lane	□Vice Chairman	Address:			
X Director	Panama City Beach FL 32408	□Director				
∑ President		□President				
□Vice President		□Vice President				
∑ :Secretary	X Treasurer	□Secretary		Treasurer		
□Other	()ther	□Other		Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director	***			
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□ Secretary		□Treasurer		
□Other	Other	[Diher	<u></u>	□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	Treasurer	□ 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. 12. Nicole Tosses. 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. Nicole Torres- DPST



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

DELAWARE, DO HEREBY CERTIFY "DNDM, 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 THIRD DAY OF MAY, 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 "DNDM, INC" WAS INCORPORATED ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2021.

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

Authentication: 203327347

Date: 05-03-22