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(Re	questor's Name)	
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CHARLES STATE

COVER LETTER

_	istration Section ision of Corporations			
SUBJECT		LC		
SUBJECT		e of corporation	- must include suffix	
Dear Sir or i	Madam:			
"Certificate	d "Application by Foreign (of Existence," or "Certifica inced foreign corporation to	te of Good Stan	ding" and check are subn	
Please retur	n all correspondence concer	ning this matter	to the following:	
Joh E. Johnst	on			
		Name of I	Person	
Dolphin Lan	e Associates LLC			
		Firm/Com	pany	
4113 Mallaro	l Pond Lane			
•		Addre	SS	
Vernon ,Flor	ida 32462			
		City/State at	nd Zip code	
jjohnston@h	ollywoodsandvines.com			
	E-mail addre	ss: (to be used f	or future annual report no	otification)
For further i	nformation concerning this	matter, please c	all:	
John E. John	ston	202 at (528-0340	
Nai	me of Person	Area Code	: Daytime Teleph	one Number
Reg Div The 241	REET/COURIER ADDRE istration Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 8 ahassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
	- C	DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	\$87,50 Filing Fee, Certificate of Status & Certified Conv

APPEICATION 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.

(Date of inec	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		-,
(Date of inec	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	(Date of duration, if oth Florida, if prior to registration)	-,
(Date of inec	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	(Date of duration, if otl Florida, if prior to registration)	ier than perpetual)
(Date of inec	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)	ier than perpetual)
4113 Mallard Pond Lane	(SEE SECTIONS 607.1501 & 607.150		
113 Mallard Pond Lane	(SEE SECTIONS 607.1501 & 607.150		
4113 Mallard Pond Lane		02, F.S., to determine penalty lia	bility)
	Vernon,Florida 32462		
	(Principal offic	e <u>street</u> address)	
	(Current mailing	address, if different)	
Name and street addre	ss of Florida registered agent; (P.O.	Box NOT acceptable)	26?
Name: John	E.Johnston		
ffice Address: 4113	Mallard Pond Lane		
Vern	on .	, Florida	PH 6:50
 -	(City)	(Zip code)	
Registered agent's a	·	(Zip code)	5: 50

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 . . . John E. Johnston Name: 🚞 Name: □ Chairman □Chairman 4113 Mallard Pond Lane Address: ☐ Vice Chairman Address: □Vice Chairman Vernon Florida 32462 □Director Director President □ President □Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □Other_____ □Other _____ □Other _____ Other _____ Name: _____ Name: □ Chairman □Chairman □ Vice Chairman Address: _____ □Vice Chairman Address: _____ □ Director ☐ Director □ President □President □Vice President □Vice President □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 □ Secretary ☐ Treasurer □ Secretary ☐Treasurer □Other _____ □Other _____ □Other _____ Important Notice: Use an attachment apport nor than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index conting of the 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 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. John E. Johnston

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That Dolphin Lanc Associates, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on October 29, 2008; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

That the limited liability company is current in the payment of all registration fees assessed against it by the Commission pursuant to the Virginia Limited Liability Company Act as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 29, 2022

Bernard J. Logan, Clerk of the Commission