T22000005024

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	(F).
	S.	20547
		V





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S. FRANKLIN AUG - 9 2022

COVER LETTER

	egistration Section					
SUBJEC	T: Dominguez A	ceounting Incorporated				
ODODO		Name of corpo	oration - n	nust include suffix		
Dear Sir o	r Madam:					
"Certifica	te of Existence." o	by Foreign Corporation "Certificate of Goo rporation to transact b	d Standin	g" and check are subi		
Please ret	arn all correspond	ence concerning this	matter to	the following:		
Connie L I	Dominguez					
		Nai	me of Per	son		202
Domingue	z Accounting Incor	porated				2024 K 13
		Firn	n/Compar	ņv		1
1608 Eagl	e St SE			_		ග
		 -	Address			7:
Stayton, O	R 97383					— ;
		City/S	State and I	Zip code		2
connie@d	ominguezaccountin	_	• • •			
	ŀ	-mail address: (to be	used for	tuture annual report n	otification)	
For furthe	r information con	cerning this matter, pl	lease call:			
Connie L	Dominguez	at ()	509-9817		
N	lame of Person		a Code	Daytime Telepl	hone 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			
Please mak	e check payable to:	following amount: FLORIDA DEPART: \$78.75 Filing Fee & Certificate of Status	: □ \$°	F STATE 78.75 Filing Fee & Certified Copy	S87.50 Fili Certificate Certified C	of Status &

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.

Dominguez Ace	counting Incorporated		
	corporation; must include "INCORPORATED forp," "Inc." "Co," or "Corp.")	." "COMPANY," "CORPORATION,"	
Dominguez Aco	counting Inc.		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting but	siness in Florida)
Oregon 2.	3.	90-1890610	
	ry under the law of which it is incorporated)	(FEI number, if applica	ible)
4. 01/01/2021	5.		
	of incorporation)	(Date of duration, if other than	perpetual)
6.			
	(Date first transacted business i	n Florida, if prior to registration)	
1400 Emala Cr CI	·	502, F.S., to determine penalty liability)	
7	E, Stayton, OR 98383		- 2
	(Principal off	fice street address)	2024 1113
			<u></u>
	(Current maili	ng address. if different)	; 8
8. Name and stre	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	PH
Name:	Registered Agents Inc.		
manie.	2001 Ad. C. N. CTC 200		12
Office Address:	7901 4th St N STE 300	<u></u>	
	St. Petersburg	, Florida ³³⁷⁰²	
	(City)	(Zip code)	

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 Agents Inc.
Bill Havre - Assistant Secretary

(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.

A. DIRECTORS		
□Chairman	Name:	□Chairman Name:
∐Vice Chairman	Address:	□ Vice Chairman Address:
□Director	Stayton, OR 97383	□ Director
■President		□President
□Vice President		□Vice President
□ Secretary	□Treasurer	☐ Secretary ☐ Treasurer
□Other	□Other	□Other □Other
		□Chairman Name:
□Chairman	Name:	The object Address:
□Vice Chairman	Address:	
□Director		
□President		□ President
□Vice President		• .
☐ Secretary	□Treasurer	☐Secretary ☐Treasurer
□Other	Other	Other Other
□Chairman	Name:	
□Vice Chairmar	Address:	□Vice Chairman Address:
□Director		
□President		□ President
⊕Vice Presiden	l	□ Vice President
□ Secretary	Treasurer	☐ Secretary ☐ Treasurer
□Other	□Other	Other Other
	(6)	The attachment will be imaged for reporting purposes only. Non-indexed Department of State Annual Report form.
<u>Important Notic</u> individuals may		
12	Comment	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 8.817.155, F.S.

Connie L Dominguez

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 953K568U9

I, SHEMIA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

DOMINGUEZ ACCOUNTING INCORPORATED

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

2024 E 3 - 8 PH 1: 12



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN, SECRETARY OF STATE

4/18/2022



July 24, 2022

CONNIE L DOMINGUEZ 1608 EAGLE ST SE STAYTON, OR 97383 US

SUBJECT: DOMINGUEZ ACCOUNTING INCORPORATED

Ref. Number: W22000096483

We have received your document for DOMINGUEZ ACCOUNTING INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 822A00016483

RECEIVED
AUG 0 8 2027