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S. FRANKLIN FEB 0 9 2023

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: DOZDNIN C	CAPITAL H	DLDINGS,	INC.
Name o	of corporation - must inc	clude suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Co"Certificate of Existence," or "Certificate above referenced foreign corporation to tr	of Good Standing" and	check are submitte	siness in Florida," ed to register the
Please return all correspondence concerni	ng this matter to the fol	lowing:	
STEVEN S. MY	RS		
	Name of Person		
DOUPHIN CAPITY	2 HODING	S INC.	03
	• •		().
3000 ISLAND	BLUD PH	4	
	Address		ن
AVENTURA FL	33/60		
AVENTURA, FL	City/State and Zip coo	de	.**
5 TEVENSMYERS!	QICLOUD. G	M	<u> </u>
E-mail address	to be used for future	annual report notif	ication)
For further information concerning this m	atter, please call:		
Steven Mysels Name of Person	at 949 2	93-5259	-
Name of Person	Area Code I	Daytime Telephone	Number
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADD Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
Enclosed is a check for the following ame Please make check payable to: FLORIDA D \$70.00 Filing Fee \$78.75 Filin Certificate	EPARTMENT OF STATES Fee & \$78.75	Filing Fee &	387.50 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. Daph N CAPITAL HOLDINGS, 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. CALIFORNIA

(State or country under the law of which it is incorporated)

4. O9/39/1996

(Date of 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) 3000 ISLAND BUD PHY AVENTURA, FL. 33/60
(Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) STEVEN S. MERS

3000 ISLAND BLND, PH4

ANENTURA Florida J3/60

(City) (Zip code) Office Address: 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)

under the law of which it is incorporated.

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

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

Vice Chairman Address: 300 Island Swb Director Director				A. DIRECTORS
	hairman Name:	□Chairman	Name: STEVEN S. MYTES	Chairman
President President	ice Chairman Address:	□Vice Chairman	Address: 3000 IS LAND BLVD	□Vice Chairman
□Vice President □Vice President ★Secretary ♠Treasurer □Other □Other □Other □Other □Other □Other □Other □Other □Other □Other □Vice Chairman Address: □Director □Director □President □President □Vice President □Other □Other □Other □Other □Other □Chairman Name: □Vice Chairman Address: □Director □Other □Director □Other □President □President □Vice President □Vice President □Vice President □Vice President □Vice President □Vice President	irector	□Director	PH4	□Director
Chairman Name:	esident	□President	AKNTURA, FL 33/60	President
Other	ice President	□Vice President		□Vice President
Chairman Name:	ceretary ☐Treasurer	☐ Secretary	Treasurer	Secretary
Vice Chairman Address:	ther	□Other	Other	□Other
Vice Chairman Address:	hairman Nama:	□Chairman	Name	Chairman .
Director Director				
□ President □ Vice President □ Secretary □ Treasurer □ Other □ Other □ Chairman Name: □ Vice Chairman Address: □ Director □ Director □ President □ President □ Vice President □ Vice President □ Vice President □ Vice President □ Vice President □ Vice President □ Secretary □ Treasurer			Address:	
□Vice President □Vice President □Secretary □Treasurer □Other □Other □Chairman Name: □Vice Chairman Address: □Director □Director □President □President □Vice President □Vice President □Secretary □Treasurer				□Director
Secretary	esident	□President		□President
□Other □Other □Chairman Name: □Vice Chairman Address: □Director □Director □President □President □Vice President □Vice President □Secretary □Treasurer	ice President	□Vice President		□Vice President
Chairman Name: Chairman Name: Chairman Name: Chairman Name: Chairman Address: Chairman Address: Chairman Address: Chairman Chairman Chairman Address: Chairman Chairman Chairman Chairman Chairman Address: Chairman Chairman		☐ Secretary	□Treasurer	☐ Secretary
□Chairman Name: □Vice Chairman Address: □Director □Director □President □President □Vice President □Vice President □Secretary □Treasurer	therOther	Other	Other	Other
□Chairman Name: □Vice Chairman Address: □Director □Director □President □President □Vice President □Vice President □Secretary □Treasurer	۲٫۰۱			
□Director □Director □Director □President □President □Vice President □Vice President □Treasurer □Secretary □Treasurer		□Chairman	Name:	□Chairman
□ President □ President □ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer	ice Chairman Address:	□Vice Chairman	Address:	□Vice Chairman
□Vice President □Vice President □ □ □ Secretary □ □ Treasurer □ Secretary □ □ Treasurer □ □ Secretary □ □ □ Treasurer □ □ Secretary □ □ □ Treasurer □ □ Secretary □ □ Treasurer □ □ □ Treasurer □ □ Secretary □ □ Treasurer □ □ □ Secretary □ □ Treasurer □ □ Secretary □ □ □ Treasurer □ □ Secretary □ □ Treasurer □ □ □ Treasurer □ □ Secretary □ □ Treasurer □ □ □ □ □ Treasurer □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	irector	□Director		□Director
□Secretary □Secretary □Treasurer	esident	□President		□President
	ice President	□Vice President		□Vice President
	ecretary	☐ Secretary	☐'freasurer	☐ Secretary
Other Other Other Other	ther Dther	Other		Other
	tate Annual Report form.	artment of State Annual Re	e added to the index when filing your Elorich Dep	individuals may be
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 she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided s.817.155, F.S.				
13. TEVEN S. MICES CHANGIAN & CEO (Typed or printed name and capacity of person signing application)	ing application)	MAN SCEO person signing application		13. <u>7e</u>



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:

DOLPHIN CAPITAL HOLDINGS, INC.

Entity No.:

1990577

Registration Date:

09/30/1996

Entity Type:

Stock Corporation - CA - General

Formed In:

CALIFORNIA

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF. I execute this certificate and affix the Great Seal of the State of California this day of December 27, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 068917228

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.