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(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			





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T. LE JITUX
FEB 2 2 2023

COVER LETTER

TO: Registration Division of	Section Corporations	·			
	Processing, Corporation				
SUBJECT: DOC		on - must include suffix			
Dear Sir or Madam:					
The enclosed "Appl "Certificate of Exist	ication by Foreign Corporation fo ence," or "Certificate of Good Sta reign corporation to transact busin	inding" and check are sul			
Please return all cor	respondence concerning this matte	er to the following:			
	Danielle Sia	ip			
	Name o	f Person			
	DJS Proces	ssing, Corporation			
	Firm/Co	mpany			
	18225 N Ord	chid Way			
	Add	ress	,		
	Nampa, ID	33687			
	City/State	and Zip code			
	danielle@djs-proce: E-mail address: (to be used	ssing.com			
	E-mail address: (to be used	I for future annual report	notification)		
For further informat	ion concerning this matter, please	call:			
Danielle_Siap Name of Pe	at (<u>714</u>) 454-7497			
Name of Pe	erson Area Co	ode Daytime Felej	phone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	for the following amount: yable to: FLORIDA DEPARTMEN = \$78.75 Filing Fee & Certificate of Status	TT OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy		





December 9, 2022

JASON SANTANGELO 10151 DEERWOOD PARK BLVD BLDG 100 STE 20 JACKSONVILLE, FL 32256

SUBJECT: DJS PROCESSING Ref. Number: W22000151927

We have received your document for DJS PROCESSING and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

Tracy L Lemieux Regulatory Specialist II

RECEIVED TO

Letter Number: 522A00027428

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.

	essing, Corporation rporation; must include "INCORPORATED	" "COMBAND" "CORDORY	TION "
	rp," "Inc," "Co," or "Corp.")	, COMPANY, CORPORA	HON,
(If name unavaila	ble in Florida, enter alternate corporate name	e adopted for the purpose of trans	acting business in Florida)
Californi	· •	81-3529956	-
	under the law of which it is incorporated)		if applicable)
June 28, 20	16 5		
	of incorporation)	. (Date of duration, if o	ther than perpetual)
N/A			
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration 1502, F.S., to determine penalty li	
11423 Har	t Street, Artesia, CA 90701		
	(Principal of	Tice <u>street</u> address)	
18225 N O	rchid Way, ID 83687		
	(Current mail	ing address, if different)	
Name and street	address of Florida registered agent: (P.	O. Box NOT acceptable)	in e
Name:	Jason Santangelo		6302
ffice Address:	10151 Deerwood Park Blvd Buildi	ng 100, Ste 200	8 E E 3
	Jacksonville	, Florida	22 =
	(City)	(Zip code)	
Dogistored ago	nt's accontance		H 5:
. Registered age <i>laving been name</i>	nt's acceptance: ed as registered agent and to accept serv	vice of process for the above s	4 .
	application, I hereby accept the appoint		
	omply with the provisions of all statutes with and accept the obligations of my p		nplete performance of m
	DocuSigner		
	(Registered affeth 2st	antangelo	
	(ixegistered agent s	aignature)	

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.

DocuSign Envelope ID: 961748C8-8F7C-4CED-854F-A3735AE4E480

A. DIRECTORS

Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
□Director		□Director					
⊠ President	Danielle J. Siap	□President					
□Vice President		□Vice President					
™ Secretary	□Treasurer	☐ Secretary		□Treasurer			
™ Other <u>CFO</u>		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		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 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.							

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.

Danielle J. Siap/President



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

DJS PROCESSING Entity Name:

Entity No.: 3922088 Registration Date: 06/28/2016

Stock Corporation - CA - General Entity Type:

CALIFORNIA Formed In:

Active Status:

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 November 15, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 060133115

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.