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S. FRANKLIN MAR 2 6 2023

COVER LETTER

	stration Section tion of Corporations			
CUDIECT.	JOURNALDOC, INC.			
SUBJECT:		corporation -	must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Corp of Existence," or "Certificate of leed foreign corporation to tran	Good Stand	ng" and check are submi-	
Please return	all correspondence concerning	this matter to	o the following:	
		Jourdan Ce	rrillo	
		Name of Pe		_
	Do	oMyLLC.cor	n, LLC	. `
	· · · · · · · · · · · · · · · · · · ·	Finn/Comp	•	
	5716	Corsa Ave.	Suite 110	:
		Addres	5	,
	Westlake	e Village, CA	A 91362-7354	
		City/State and		
	•	cessing@dor	•	
	E-mail address: (to be used for	future annual report not	fication)
For further in	formation concerning this matt	er, please cal	i:	
Jourdan Cerrillo 💍 😠	n behalf of DoMyLLC.com, LLC		888-366-955	52
Nam	e of Person	Area Code	Daytime Telephor	ne Number
Regis Divis The C 2415	EET/COURIER ADDRESS: stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassec, FL	ion orations
	check for the following amour neck payable to: FLORIDA DEP, ing Fee S78.75 Filing I Certificate of S	ARTMENT (Fee & 💹		\$87.50 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.

f'name unavaila		adopted for the purpose of transacting business in Florida)	
Delaware 3 6		61-1467740	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
07/23/2002	5.	(Date of duration, if other than perpetual)	
	of incorporation)	(Date of duration, if other than perpetual)	
Upon Fillng			
	(Date first transacted business in	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
5803 31st Ct.	E, Ellenton, FL 34222	502, F.S., to determine penalty marring)	
~		ice street address)	
	(Cimelpal on)		
	(Current mailir	ng address, if different)	
		-	
Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)	
Name:	InCorp Services, Inc.	-	
Name.	3458 Lakeshore Drive		
fice Address:			
	Tallahassee	, Florida 32312(Zip code)	
	(City)	(7' no.d-)	

^{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.

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

A. DIRECTORS						
Chairman	Name:	⊡Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	Ellenton, FL 34222	■Director	Melbourne, FL 32901			
President		□President				
□Vice President		□Vice President				
☐ Secretary	☐ Treasurer	Secretary	□Treasurer			
⊡Other	Other	□Other	Other			
	D. A. Carrier		Maria Toblin MD			
□Chairman	Peter Seaver	□Chairman	Name: Mary Tobkin, MD			
□ Vice Chairman	Address:	□Vice Chairman	Address: 250 South 13th St. Unit 13B			
■Director	Kalamazoo, MI 49008	Director	Philadelphia, PA 19107			
□President		□President				
⊒Vice President		□Vice President				
□ Secretary	☐Treasurer	☐ Secretary	□Treasurer			
□ Other	Other	Other	□Other			
	Hally Edward		A			
☐Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	Woodbine, MD 21797	□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. 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. JOHN M. NELSON PRESIDENT (Typed or printed name and capacity of person signing application)						

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "JOURNALDOC, 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 MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JOURNALDOC,

INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JULY, A.D. 2002.

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

Authentication: 202833717

Date: 03-03-23

3550803 8300 SR# 20230861749