F2300002009

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2023

ANDREW JENKINS 390 E. PARKCENTER BLVD. STE 250 BOISE, ID 83706

SUBJECT: DANIA INCORPORATED Ref. Number: W23000033868

We have received your document for DANIA 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 name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6053.

Yvette Scott Supervisor

Letter Number: 023A00005741



www.sunbiz.org

Division of Componentians, D.O. BOY (2007 Tallaharana, Elasida 2001)

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Dania, Incorporated

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Andrew Jenkins

	Name of P	erson		
Dania, Incorporated				
	Firm/Comp	any		
390 E. Parkcenter Blvd., Ste 250				
	Addres	s		
Boise, ID 83706				
	City/State and	d Zip code		
andrewj@interline.com				
E-mail addı	ress: (to be used fo	r future annual report	notification)	
For further information concerning thi Andrew Jenkins	at (<u></u>) 207-5175		
Name of Person	Area Code	Daytime Telep	phone 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		
Enclosed is a check for the following a Please make check payable to: FLORIDA S70.00 Filing Fee S78.75 Fi Certifica	DEPARTMENT (DF STATE \$78.75 Filing Fee & Certified Copy	 \$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.

Dania,	Incorpora	ted				
(Enter n "Inc.," "	ame of ce 'Co.," "Ce	prporation; must include "INCORPORATED, prp." "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORATIO	N,"	-	
Dani (Îf name	ia of 2 unavaila	Florida, <u>Enropporated</u> ble in Florida, enter alternate corporate name	adopted for the purpose of transactir	ng business	in Floric	ta)
Washin 2.	igton	3.	68-0021812			
(State	or country	runder the law of which it is incorporated)	(FEI number, if ap	pplicable)		
4		5.				
	(Date	of incorporation) 5.	(Date of duration, if other	than perpet	ual)	
6						
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liabil	ity)		
7. ³⁹⁰ E. Pa	arkcenter	Blvd., Ste 250, Boise, ID 83706				
· · ·		(Principal off	ice <u>street</u> address)			
		(Current mailir	ng address, if different)			
		(1			202	
8. Name a	und street	t address of Florida registered agent: (P.C	D. Box NOT acceptable)	•	2023 HAR	2
	lame:	Registered Agents Inc		۰.	R 28	
Office Ad	dress:	7901 4th St N STE 300			ΝŅ	
		St. Petersburg	, Florida ³³⁷⁰²		9 9 2	
		(City)	(Zip code)		ف	

9. Registered agent's acceptance:

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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.



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	Kristian Eide Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	Boise, ID 83706	Director		
President		President		
□Vice President	·	□Vice President		
Secretary	Treasurer			□Treasurer
Other	Other	□Other		□Other
□ Chairman	Robert McVay	□Chairman	Name:	
□Vice Chairman	390 E. Parkcenter Blvd.	□Vice Chairman		
Director	Ste 250	Director		
□President	Boise, ID 83706	President		
□Vice President		□Vice President		
Secretary	Treasurer	Secretary		Treasurer
Other	Other	ÖOther		□Other
□ Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
□President		President		
□Vice President		□Vice President		
	Treasurer	Secretary		Treasurer
□Other	□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.

Signature of Director or Officer 42701 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.

Robert McVay 13.



Atu R Hohlie

Sieve R. Hobbs, Secretary of State

Date Issued: 01/12/2023