	(Requestor's Name)	
	(Address)	
	•	
	(Address)	
	(1001033)	
	(City/State/Zip/Phone #)	
	1 141417	<b></b>
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Dasiness Chiny Name)	
	(Document Number)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only

W23-112881



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RECEIVED

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MIG 23 2023 K. Brumbley



August 17, 2023

CT CORP

CORRECTED
Please Allow For
Same File Date

Letter Number: 223A00019032

SUBJECT: DAIS TECHNOLOGY, INC.

Ref. Number: W23000112881

We have received your document for DAIS TECHNOLOGY, INC.. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$150.00.

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

Ariel Jones Regulatory Specialist II

PECETIVED

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ALLAHASSEE FLORIG

# **CT CORP**

### (850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

08/16/2023

D	ate:	08/16/2023	- w: 1 > W
		Acc#I20160000072	- William
Name:	Dais Techn	ology, Inc.	
Document #:			
Order #:	15082167		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🕡	Certified: Plain: COGS:		Email Address for Annual Report Notificat
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount:	\$ 228.75	

Thank you!

## **COVER LETTER**

_	tration Section ion of Corporations		
SUBJECT:	DAIS TECHNOLOGY, INC.		
SOBJECT	Name o	f corporation -	must include suffix
Dear Sir or M	adam:		
"Certificate o	"Application by Foreign Corf Existence," or "Certificate of ced foreign corporation to tra	of Good Stand	uthorization to Transact Business in Florida." ing" and check are submitted to register the s in Florida.
Please return	all correspondence concernit	ng this matter t	o the following:
Jolanta Wawei	r		
	•	Name of P	erson
DAIS TECHN	NOLOGY, INC.		
		Firm/Comp	pany
8750 W Bryn	Mawr Ave, Suite 1150		
		Addre	ss
Chicago, Illino	ois 60631, United States		
<del></del>		City/State an	d Zip code
jolanta@dais.	com		
<u> </u>	E-mail address	: (to be used fo	or future annual report notification)
For further in	nformation concerning this m	atter, please ca	all:
Jolanta Wawe	er	at (	602-5173
Nan	ne of Person	Area Code	Daytime Telephone Number
Regi Divi The 2415	SEET/COURIER ADDRES stration Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a Please make o	a check for the following ame theck payable to: FLORIDA D dling Fee	EPARTMENT ng Fee & □	OF STATE  ] \$78.75 Filing Fee &  Certified Copy  Certified Copy  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.

		me adopted for tr	ne purpose of transacti	ng business in Florida)	)
Delaware	e 3.		(FEI number, if applicable)		
(State or countr	y under the law of which it is incorporated	)	(FEI number, if a	pplicable)	
10/21/2016		5	ite of duration, if other		_
(Date	of incorporation)	(Da	te of duration, if other	than perpetual)	
06/06/2022					
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60			lity)	
8750 W Bryn Ma	wr Ave, Suite 1150, Chicago, IL 60631				
	(Principal	office <u>street</u> add	ress)	-	_
· · · · · · · · · · · · · · · · · · ·	(Current ma	ailing address, if	different)	2	_
Name and street	et address of Florida registered agent: (	P.O. Box <u>NOT</u>	_acceptable)	3 AUG	
	et address of Florida registered agent: ( C T Corporation System	P.O. Box <u>NOT</u>	_acceptable)	ANG 16	FILE
Name:	C T Corporation System	P.O. Box <u>NOT</u>	_acceptable)	2023 AUG 1 6 PH	FILED
		P.O. Box <u>NOT</u>	_acceptable)	P	FILED
Name:	C T Corporation System	P.O. Box <u>NOT</u>	_acceptable)	P	FILED
Name:	C T Corporation System  1200 South Pine Island Road			•	FILED
Name: Tice Address:	C T Corporation System  1200 South Pine Island Road  Plantation  (City)		33324	P	FILED
Name: Tice Address:  Registered against name	C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:  ned as registered agent and to accept so	FL.	33324 (Zip code)  as for the above state	ed corporation at the	FILED e place
Name: fice Address: Registered agiving been namisignated in this	C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:	FL FL ervice of proces intment as regis	33324 (Zip code) (State of the above state of the agent and agent agen	ed corporation at the ree to act in this cap	acity.

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: Milos Dedovic	
□Vice Chairman	Address:	□Vice Chairman	Address:	
■Director	8750 W Bryn Mawr Ave, Suite 1150.	⊠Director	8750 W Bryn Mawr Ave, Suite 1150,	
■President	Chicago, IL 60631	□President	Chicago, 11. 60631	
□Vice President		□Vice President		
☐ Secretary	□Treasurer		□Treasurer	
□Other	□Other	□Other	Other	
□Chairman □Vice Chairman ■Director	Address:	□Chairman □Vice Chairman □Director	Name:Address:	
□President	Cincago, 12 00031	□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary	Treasurer	
□Other	□Other	□Other	□Other	
□Chairman □Vice Chairman	Name:Address:	□Chairman □Vice Chairman	Name:Address:	
Director	8750 W Bryn Mawr Ave, Suite 1150.	Director	8750 W Bryn Mawr Ave, Suite 1150,	
□President	Chicago, 11. 60631	□President	Chicago, IL 60631	
□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.  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.  Milos Dedovic, COO				

(Typed or printed name and capacity of person signing application)

FL019 -12/16/2021 Wolters Kluwer Online



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

DELAWARE, DO HEREBY CERTIFY "DAIS TECHNOLOGY, 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 FIFTEENTH DAY OF AUGUST, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203968898

Date: 08-15-23