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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: dbpayrolltax@dooney.com

FOREIGN PROFIT/NONPROFIT CORPORATION DB ADMINISTRATIVE SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
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2024 JUL 29 AM 8:31

STATE OF OHIO
DIVISION OF CORPORATIONS
FAX

STATE OF OHIO

2024 JUL 29 AM 11:39

FILED

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. DB Administrative Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. Delaware 3. 88-4407679
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/19/2022 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1 Regent Street Norwalk, CT 06855
(Principal office street address)

(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation FL 33324
(City) (Zip code)

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.

By: Christine Kelm **Christine Kelm**
(Registered agent's signature) **Assistant Secretary**

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):

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2024 JUL 29 AM 11:39
DEPARTMENT OF STATE

A. DIRECTORS

☒ Chairman Name: 11 Peter Dooney
☒ Vice Chairman Address: 528 Stanwich Road
☒ Director Greenwich, CT 06830
☒ President _____
☒ Vice President _____
☒ Secretary ☒ Treasurer _____
☒ Other _____ ☒ Other _____

☒ Chairman Name: Frederick A. Bourke Jr
☒ Vice Chairman Address: 2131 Red Mountain Road
☒ Director Aspen, CO 81611
☒ President _____
☒ Vice President _____
☒ Secretary ☒ Treasurer _____
☒ Other _____ ☒ Other _____

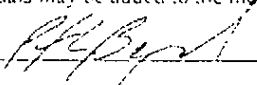
☒ Chairman Name: Philip R. Kinsley
☒ Vice Chairman Address: 1 Regent Street
☒ Director Norwalk, CT 06855
☒ President _____
☒ Vice President _____
☒ Secretary ☒ Treasurer _____
☒ Other _____ ☒ Other _____

☒ Chairman Name: Peter Beaugard
☒ Vice Chairman Address: 1 Regent Street
☒ Director Norwalk, CT 06855
☒ President _____
☒ Vice President _____
☒ Secretary ☒ Treasurer _____
☒ Other _____ ☒ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer _____
☐ 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. Peter Beaugard - Vice President
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DB ADMINISTRATIVE SERVICES, 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 SEVENTEENTH DAY OF JULY, A.D. 2024.

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.


Jeffrey W. Bullock, Secretary of State