6/27/25, 1:10 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS 50UZA CORP

Account Number : 120190000068 Phone : (407)326-8484 Fax Number : (407)604-6519

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

Email Address: contact@medeirossouza.com

## FOREIGN PROFIT/NONPROFIT CORPORATION HOMEDOGGY INC

Certificate of Status	1 1
Certified Copy	0
Page Count	01
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Help

From: RUBEM SOUZA

### **COVER LETTER**

	tration Section on of Corporations				
	HOMEDOGGY INC				
SUBJECT:		of corporation	- must include suffix		
		,			
Dear Sir or Ma	adam:				
"Certificate of	"Application by Foreign C "Existence," or "Certificate red foreign corporation to t	e of Good Stand	ling" and check are sub-		
Picase return a	all correspondence concern	ing this matter	to the following:		
RUBEM SOUZ	/A				
		Name of I	<sup>2</sup> erson		
MEDEIROS SO	DUZA CORP				
		Firm/Com	pany		
1711 AMAZIN	G WAY STE 213				
		Addre	SS		
OCOEE, FL 34	761				
		City/State ar	nd Zip code		
CONTACT@N	MEDEIROSSOUZA.COM				
	E-mail addres	s: (to be used fo	or future annual report o	otification)	
For further inf	formation concerning this n	natter, please ca	ıll:		
RUBEM SOUZ	ΔA	at (	3268484	3268484	
Name	of Person	Area Code	Daytime Teleph	ione Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following am eck payable to: FLORIDA D ng Fee	EPARTMENT ig Fee & 🗆	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

From, RUBEM SOUZA

Zoho Sign Document ID: 2E6DAF19-OXMRXBE5NADIYFXESPUGDU6R2STAUUZA23XBESWQ5DK

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 667, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

HOMEDOGGY	orporation; must include "INCORPORATED.	" "COMPANY " "CORPORATION"	
	forp." "Inc." "Co." or "Corp.")	CONTANT, CONTONATION.	
HOMEDOGG	Y FL INC		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
New York	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
02/06/2020	5.		
(Date of incorporation)		(Date of duration, if other than perpetual)	
		in Florida, it prior to registration) 502, F.S., to determine penalty liability)	
10909 N 29th St	University Square, Tampa, FL 33612		
' <del></del>	(Principal off	fice <u>street</u> address)	
123A 7TH AVE	, BROOKLYN, NY 11215		
<del></del>	(Current mailir	ng address, if different)	
. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	
Name:	MEDEIROS SOUZA CORP		
Office Address:	1711 AMAZING WAY STE 213	202 35	
mice madress.	OCOEE	. Florida 3476) (Zip code)  ice of process for the above stated corporation at the plane to a registered agent and agree to act in this capation.	
	(City)	(Zip code)	
n ta t			
	ent's acceptance: ied as revistored agent and to accept servi	ice of process for the above stated corporation at theiph	
	annlication. Thereby accent the annoints	ment as registered agent and agree to act in this capaci	
esignated in this	apparentiant, i never a accept the apparatu	· · · · · · · · · · · · · · · · · · ·	
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lesignated in this urther agree to c	omply with the provisions of all statutes r	relative to the proper and complete performative of my	

<sup>10.</sup> 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.

From, RUBEM SOUZA

#### Zoho Sign Document ID: 2E6DAF19-OXMRXBE5NADIYFXESPUGDU6R2STAUUZA23XBESWO5DK A. DIRECTORS Name: \_\_\_ Name: \_\_\_\_\_ □Chairman ■ Chairman 123A 7TH AVE Address: □Vice Chairman Address: □Vice Chairman BROOKLYN, NY 11215 □Director □ Director DPresident President □ Vice President \_\_\_\_\_ □Vice President □Treasurer □ Treasurer Secretary □ Secretary □Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ Name: □Chairman □Chairman Address: LlVice Chairman Address: □Director □Director □President □ President □Vice President □Vice President Treasurer □ Secretary ☐ Treasurer ☐ Secretary □Other\_\_\_\_ □Other \_\_\_\_\_ □Other Name: Name: □ Chairman □ Chairman □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: □Director □Director □President □President □ Vice President \_\_\_ DSecretary. Treasurer □Secretary. ☐Treasurer □ Other \_\_\_\_\_ □ Other \_\_\_\_\_ 20ther\_\_\_\_\_ □Other \_\_\_\_\_

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2002190 LELTE

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.

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#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I. WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected.

Entity Name: HOMEDOGGY INC

DOS ID Number: 5703672

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 02/06/2020

Statement Status: CURRENT Statement Due Date: 02/28/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on June 25, 2025 at 11:34 A.M.

WALTER T. MOSLEY Secretary of State

Brandon Co Higher

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100008273578 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.nv.gov">http://ecorp.dos.nv.gov</a>