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STATE OF STATE

J. HARRIS

COVER LETTER

TO:		ation Section 1 of Corporation	s				
SUBJE	My CT:	DocReplay, LLC					
			Name of L	Limited Liability C	Company		
			eign Limited Liability Comp I to register the above refere				
Please r	etu rn all	correspondence c	oncerning this matter to the f	following:			
		David Siflinger					
			Na	me of Person			-
		David's Plannin	g Services, LLC				
		<u></u>	Fir	m/Company		-	-
		2 Eton Place					
				Address			-
		Eastchester, NY	10709				
			City/St	ate and Zip Code			-
		Siflinger@verizo	n.net				
	-		E-mail address: (to be used	for future annual	report not	fication)	-
For furt	her infor	mation concerning	g this matter, please call:				
	David :	Siflinger		914 at (527-234	13	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	-
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclose		eck for the follow .00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Co	

COVER LETTER

TO:	Registration Section Division of Corporation	78				
SUBJE	MyDocReplay, LLC					
DOBOL		Name of I	Limited Liability (Company		-,
The en	closed "Application by For ice, and check are submitte	reign Limited Liability Comp d to register the above refero	oany for Authoriza enced foreign limit	tion to Tra ed liability	insact Business in Florida, company to transact busi	" Certificate of ness in Florida
Please	return all correspondence of	concerning this matter to the	following:			
	David Siflinger	•				
		N	ame of Person			-
	David's Plannin	ng Services, LLC				
		Fi	rm/Company			-
	2 Eton Place					•
			Address	-		-
	Eastchester, N	Y 10709				
		City/S	tate and Zip Code			_
	Siflinger@verize	on.net				
		E-mail address: (to be used	for future annual	report not	ification)	_
For fur	ther information concerning	g this matter, please call:				
	David Siflinger		914 at (527-23	43	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	_
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section milding ecutive Center Circle sec, FL 32301	
Enclos	ed is a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, 0 of Status & Certified Co	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR ALTHORIZATION TO TRANSACT BUSINESS IN FLORIDA.

MyDockenlay, LLC Name of h					
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New York			× •		_
(Jurisdiction under the I		mited liability		(TT) munificir (1 applicable)	
N/A				Ý	
	(Date first	अक्राप्त है के स्वरंग है। इस्ते हैं के अपने से स्वरंग है।	kirida, i' prior in r	egistration (
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Odessa, Florida 335	36		Ţ		
***************************************		Street A lidress of Principa	d (Hite)		
16132 Suncrest Sho	res Onse		1		17
Odessa, Florada 335				• • • • • • • • • • • • • • • • • • • •	71 : 1
CRICSON CHAINING 1225		(Mailing Address			50
		-	1		• 0
Name and street add	-	sterod agent. (P.O. Bo-	C Still accepts	Ke)	-1
Name	Dennis Deruck	<u>le ; </u>			3
Office Address	. 6112 Superest	Shores Drive			13
	Odessa			13556	7 9
	17104 1704			Florida	- ;
		affara a	· · · ·	Louis	
Registered agent's ac-	•	(Cus)	•	Florida 33556 Zip code)	v compone at the place
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State of New York Department of State

I hereby certify, that MYDOCREPLAY, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/24/2017 with an effective date of 01/24/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.

} ss:



WITNESS my hand and the official seal of the Department of State, at the City of Albany, this 24th day of January two thousand and seventeen, at 2:37 PM.

Brendan W. Fitzgerald Executive Deputy Secretary of State

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