

M22000017025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

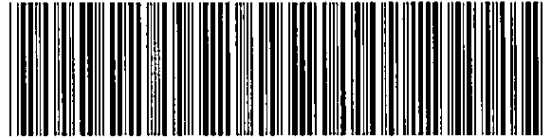
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 NOV -8 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 NOV -8 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 09 2022  
K. Brumbley



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations  
From: Eyliena Baker  
Ext:  
Date: 11/08/22  
Order #: 118495-1  
Re: Domifi LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority  
Amount to be deducted from our State Account: \$125.00 - FL State Account Number:  
I20000000195

AUTHORIZATION:

A handwritten signature in black ink, appearing to read "Eyliena Baker", is written over the word "AUTHORIZATION".

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. DomiFi LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1840 N. Greenville Ave. 6. 1840 N. Greenville Ave.  
(Street Address of Principal Office) (Mailing Address)  
Suite 128 Suite 128  
Richardson, TX 75081 Richardson, TX 75081

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

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TALLAHASSEE, FLORIDA  
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**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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: Corporation Service Company Eyelina Baher  
Assistant Vice President  
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:**  Manager  Member  Authorized Person  Other \_\_\_\_\_

**Name and Address:** Name: Advantage Experts Services LLC  
Address: 1840 N. Greenville Ave.  
Suite 128  
Richardson, TX 75081

**Title or Capacity:**  Manager  Member  Authorized Person  Other \_\_\_\_\_

**Name and Address:** Name: Robert I. Comstock, Jr.  
Address: 1840 N. Greenville Ave.  
Suite 128  
Richardson, TX 75081

Manager  Member  Authorized Person  Other \_\_\_\_\_

Name: William Evans  
Address: 1840 N. Greenville Ave.  
Suite 128  
Richardson, TX 75081

Manager  Member  Authorized Person  Other \_\_\_\_\_

Name: Carol A. Morris  
Address: 1840 N. Greenville Ave.  
Suite 128  
Richardson, TX 75081

Manager  Member  Authorized Person  Other \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manager  Member  Authorized Person  Other \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

*Carol A. Morris*

Signature of an authorized person

Carol A. Morris

Typed or printed name of signer

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DOMIFI LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOMIFI LLC" WAS FORMED ON THE FIRST DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



  
Jeffrey W. Bullock, Secretary of State

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SR# 20223957721

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204798481

Date: 11-07-22