

M230000011285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

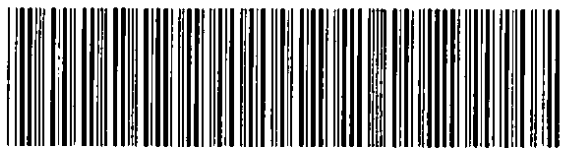
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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06/27/23--01017--001 **150.00

2023 AUG 28 AM 6:27

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2023

CHARLES GREER
15342 GRAHAM STREET
HUNTINGTON BEACH, CA 92649 US

SUBJECT: DOT FASHION, LLC
Ref. Number: W23000095393

We have received your document for DOT FASHION, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Andrea Andrews
Regulatory Specialist II

Letter Number: 723A00015417

RECEIVED

AUG 28 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOT FASHION, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Charles Greer

Name of Person

DOT Fashion, LLC

Firm/Company

15342 Graham Street

Address

Huntington Beach, CA 92649

City/State and Zip Code

cgreer@titanindustriesinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Greer

714

934-8800

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. DOT FASHION, LLC

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

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 92-3696520

(FEI number, if applicable)

4. JULY 1, 2023

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 15342 GRAHAM STREET

(Street Address of Principal Office)

6. 15342 GRAHAM STREET

(Mailing Address)

HUNTINGTON BEACH, CA 92649

HUNTINGTON BEACH, CA 92649

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

Name: GREGORY MOREL

Office Address: 24409 MOSS CREEK LANE

PONTE VERDA BEACH 32082

(City)

, Florida

(Zip code)

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.

(Registered Agent's Signature)

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FILED

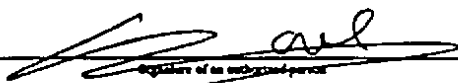
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: GREGORY MOREL	<input type="checkbox"/> Manager	Name: BRAD BAILEY
<input type="checkbox"/> Member	Address: 24409 MOSS CREEK LANE	<input type="checkbox"/> Member	Address: 15342 GRAHAM STREET
<input checked="" type="checkbox"/> Authorized	PONTE VERDA BEACH, FL 32082	<input type="checkbox"/> Authorized	HUNTINGTON BEACH, CA 92649
Person	PRESIDENT	Person	MEMBER
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: DEE OCLEPPO	<input type="checkbox"/> Manager	Name: CHARLES GREER
<input checked="" type="checkbox"/> Member	Address: 15342 GRAHAM STREET	<input type="checkbox"/> Member	Address: 15342 GRAHAM STREET
<input checked="" type="checkbox"/> Authorized	HUNTINGTON BEACH, CA 92649	<input type="checkbox"/> Authorized	HUNTINGTON BEACH, CA 92649
Person	CEO	Person	MEMEBER
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.

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.



 Gregory T Morel

 Typed or printed name of signer

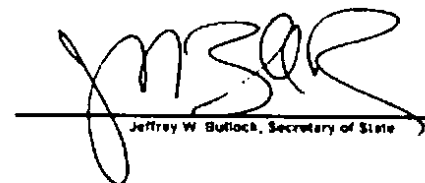
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DOT FASHION, 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 TENTH DAY OF AUGUST, A.D. 2023.




Jeffrey W. Bullock, Secretary of State

7361650 8300

SR# 20233079219

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203941206

Date: 08-10-23