00013150

(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:				
W24-134887				

Office Use Only



800435146968

2011

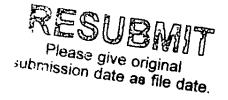
OCT 1 5 2024 √ ಆ≀ಬಗುರಿ'∈y



October 1, 2024

CSC

SUBJECT: DRODAT INC Ref. Number: W24000134887



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

According to section 607.1503 OR 617.1503, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

It appears the form submitted was created by the person submitted or either the format setting may be off.,

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 524A00021665

ANDEL SZAMOUZ 1009 LL ANASSEE FLO

RECEIVED

, , , , ,

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 650015 8433557

AUTHORIZATION :

COST LIMIT : \$ 70.0

ORDER DATE: September 18, 2024

ORDER TIME : 2:26 PM

ORDER NO. : 650015-005

CUSTOMER NO: 8433557

FOREIGN FILINGS

NAME: DRODAT, INC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

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.

	iole in riorida, enter anemate corporate name at	lopted for the purpose of transacting	business in Florida)
Delaware	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if appl	icable)
10/31/2023	5.		
(Date of incorporation) 5.		(Date of duration, if other than perpetual)	
-	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)	1
990 NE 82nd T	errace Miami ,FL 33138	2, r.5., to determine penalty habitity	,
		e <u>street</u> address)	
	(Timelpar other	2 server address)	
		11 10 100	
	(Current mailing	address, if different)	
Manya and street	t address of Florida registered agent: (P.O.	Day NOT gagantable)	~)
Name and <u>succ</u>	Corporation Service Company	box <u>NOT</u> acceptable)	(m) (m) (m)
Name:	- Corporation Service Company	<u> </u>	(0)
fice Address:	1201 Hays Street		<u> </u>
	Tallahassee	 32301	-
	(City)	, Florida 32301 (Zip code)	2.1 to 10
	(City)	(Zip code)	₹
	_		-
Registered age	ent's acceptance:		
wing been nam	ed as registered agent and to accept service		
ving been nam signated in this		ent as registered agent and agree	to act in this capa

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.

A. DIRECTORS	•					
□Chairman	Name: Name:	□Chairman	Name:			
□Vice Chairman	990 NE 82nd Terrace Address:	□Vice Chairman	Address: 55 SE 6th St Apt 2210			
Director		Director				
□President	Miami FL 33138	□President	Miami FL 33131			
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other COO	Other	□Other	Other			
□Chairman	Name:	□Chairman	Name:			
□ Vice Chairman	Address:	□Vice Chairman	Address:			
Director		□Director				
□President	Nutley NJ 07110	□President				
□Vice President		□ Vice President				
Secretary	☐ Treasurer	□Secretary	□Treasurer			
□Other	Other	□Other	Other			
□Chairman	Name:	□Chaiπnan	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	<u> </u>	□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer			
Other	Other	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.

Noah Plitt, COO

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DRODAT, 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 NINETEENTH DAY OF SEPTEMBER, 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 SAID "DRODAT, INC" WAS INCORPORATED ON THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

e at corn delawace gov/auti

Authentication: 204430896

Date: 09-19-24

2560460 8300 SR# 20243729621