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(((H24000377420 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

: (323)389-0502

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

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### Foreign Limited Liability Company **DOKIGROUP LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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K. SALY

DEC - 2 2024



November 14, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEGALZOOM. COM INC.

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SUBJECT: DOKIGROUP LLC

REF: W24000153294

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please get another certificate that is readable.,

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 FAX Aud. #: H24000377420 Regulatory Specialist II Letter Number: 224A00024919 To:

#### **COVER LETTER**

	Registration Section Division of Corporations						
enn ie (	DOKIGROUP LLC						
SUBJEC	Name of Limited Liability Company						
The enclo Existence	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certi e, and check are submitted to register the above referenced foreign limited liability company to transact business in	ficate of Florida					
Please re	turn all correspondence concerning this matter to the following:						
	Mike Town						
	Name of Person						
	Legalzoom.com, Inc.						
	Firm/Company						
	9900 Spectrum Dr						
Address							
	Austin, TX 78717						
	City/State and Zip Code						
	mathieu@dokigroup.com						
	E-mail address: (to be used for future annual report notification)						
For furth	ner information concerning this matter, please call:						
	Mike Town 800 773-0888 at ( )						
	Name of Contact Person Area Code Daytime Telephone Number						
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301						
	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 & \$155.00 Filing Fee & \$160.00 Filing Fee, Contificate of Status  Certificate of Status  Certified Copy  of Status & Certified						

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## 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: **DOKIGROUP 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 trast include "Limited Liability Company," "L.L.C." or "LLC.") (FEI number, if applicable) (furisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 6303 Waterford District Drive, Suite 400 6303 Waterford District Drive, Suite 400 (Mailing Address) (Street Address of Principal Office) Miami, Florida 33126 Miami, Florida 33126 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) UNITED STATES CORPORATION AGENTS, INC. Name: 476 Riverside Ave. Office Address: Jacksonville

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.

Crik Treutlein

ERIK TREUTLEIN, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.

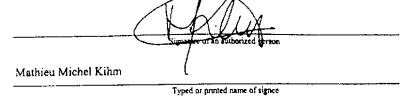
Ta:

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:	Name and Address:	Title or Capacity;		Name and Address:
Manager	Name: Mathieu Michel Kihm	Manager	Name:	
Member	Address: 1980 Festival Plaza Dr, Stc 300	Member	Address:	
Authorized	Las Vegas, Nevada 89135	Authorized	<u></u>	
Person		Person		
Other	Other	Other		Other
☐Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	TANK DE TO
Authorized		Authorized		
Person		Person		,
Other	Other	Other	<u>_</u>	Other 5. 32
□Manager	Name:		Name:	5
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other

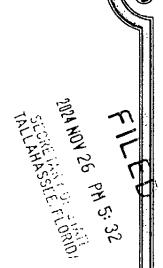
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.



## SECRETARY OF STATE





# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies. limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **DoKiGroup LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 12/18/2019, and in good standing in this State.



Certificate Number: B202411135183063

You may verify this certificate

online at https://www.nvsilvertlume.gov/home

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 11/13/2024.

FRANCISCO V. AGUILAR Secretary of State