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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

FOREIGN PROFIT/NONPROFIT CORPORATION

DoorLoop Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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DecuSign Envelope ID: 5F87A1F5-D311-4177-997E-C929CF9AE654

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.

DoorLoop Inc.			
(Enter name of co	orporation; must include "INCORPORATED," "Corp." "Inc," "Co.," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavaila	ible in Florida, enter alternate corporate name ado	pted for the purpose of transacting bu	siness in Florida
Delaware	3.		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
10.6.2021	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
10.6.2021			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502.	orida, if prior to registration) F.S., to determine penalty liability)	
1801 Polk Street,	Suite #223323. Hollywood, FL 33022		
	(Principal office s	(treet address)	
	(Current mailing a	ddress, if different)	000
Name and stree	at address of Florida registered agent: (P.O. E	30x NOT acceptable)	12
Name:	NRAI Services, Inc.		70
ffice Address:	1200 South Pine Island Road	_	1:18
	Plantation	, Florida 33324	ω
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

NRAI Services, Inc.

By: Laura R. Broderick, Assistant Secretary Laura R. Broderick

(Registered agent's signature)

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.

DocuSign Envelope ID, 5F87A1F5-D311-4177-997E-C929CF9AE654

A. DIRECTORS						
□ Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address: 1801 P	olk Street		
■ Director	Suite #223323	Director	Suite #223323			
T)President	Hoffywood, FL 33022	□President	Hollywood, FL	33022		
□Vice President		□Vice President				
☐Secretary	∏Treasurer	∏Secretary		TTreasurer		
□Other		□Other		□Other		
□Chairman	David Bitton	□Chairman	Adam D.	Mait		
□Vice Chairman	1801 Polk Street	□Vice Chairman	Address:	Polk Street		
■ Director	Suite #223323	■ Director	Suite #223323			
	Hollywood, FL 33022	□President	Hollywood, FL			
□Vice President		□ Vice President				
□Secretary	□ Treasurer	□ Secretary		☐Treasurer		
□ Other	Other	WUther Chief Op	erating Officer	Other		
□Chairman	Name:	[]Chairman	Name:	2821 (10		
□Vice Chairman	Address:	□Vice Chairman	Address:	22		
∄ Director	Suite #223323	□Director	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
□President	Hollywood. FL 33022	E/President				
□Vice President		□Vice President		<u> </u>		
□Secretary	Treasurer	□ Secretary		□ Ureasurei		
□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 Plorida Beyonneth 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 \$.817.155, F.S.

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DOORLOOP 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 TWELFTH DAY OF OCTOBER, A.D. 2021.

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





Authentication: 204389169

Date: 10-12-21