M0900000 47/2

(Requestor's Name)
/A
(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:
1199, 5/681

wog- 5/681 A. LUNT

DEC -3 2009

EXAMINER

Office Use Only



900162651199

11/23/09--01036--022 **130.00

ALLAHASSEE. FLORIDA

89 DEC -2 PM 2: 30



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 24, 2009

LARRY GROSSBERGER 1183 EAST 23 STREET BROOKLYN, NY 11210

SUBJECT: DCQ, LLC

Ref. Number: W09000051681

299 DEC -2 PM 2: 30 APPAR 法经产品的证据

We have received your document for DCQ, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 709A00036387

Division of Compositions D.O. DOV 6207 Tallahosson Florida 20214

COVER LETTER

	tration Section ion of Corporations		
SUBJECT: _	DC9 LLC		
	Name of Limited Liability Company		
The enclosed " Existence, and	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida check are submitted to register the above referenced foreign limited liability company to transact business.	," Certifi iness in	icate of Florida.
Please return a	Il correspondence concerning this matter to the following:		
	Larry Grossberger		
	Name of Person	2009 DEC	i Language
	Firm/Company 1183 East 23 Street	-2	THE STATE OF THE S
	Brook/yn, NY 112/0 City/State and Zip Code	PM 2: 30	A PART OF
	E-mail address: (to be used for future annual report notification)	-	
For further infe	ormation concerning this matter, please call:		
L	Name of Person Area Code & Daytime Telephone Number	-	
Divisi Regis P.O. I	LING ADDRESS: ion of Corporations tration Section Box 6327 nassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is	a check for the following amount:		
\$1:	25.00 Filing Fee \$\bigs\bigs\bigs\bigs\bigs\bigs\bigs\bigs		

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

N COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FO)REIGN
IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1)C4 //C	
(Name of Foreign Limited Mability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
DOG DOG TO COLLOCKION	
Some was table as to the contract of the contr	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability of the managers or managing members adopting the alternate name."	written
company," "L.L.Ç," "LLC.")	пy
M/c 270997902	
. MyS (Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable)	
company is organized)	
96469	
. (Date of Olganization) 5. (Duration: Year limited liability company will cease to	
(Duration: Year limited liability company will cease to exist or "perpetual")	
Mono	
. // VOIC	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
1182 Fast 03 St VPP+ (10WeV/0VPI)	
- The Logic 25 Server [Lync [RVC]	den : Bress (SIX destro
RIMORIUM NN 11010) destations
(Street Address of Principal Office)	. 1 #
Constitution of this part of the constitution	
. If limited liability company is a manager-managed company, check here	
. The name and usual business addresses of the managing members or managers are as follows:	
113 tast 13 Street (Lower Level)	
Dronkly 1N 11010	
Bloghtan 111 712 70	
Language Graschan and Char Dun	
Lawrence Grossberger (morm)	
Attrophed is an ariginal configurate of excitations are assembled to the action of the configuration of the config	
 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record purisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a 	oras in
anslation of the certificate under oath of the translator must be submitted.)	
= 11 and a	
1. Nature of business or purposes to be conducted or promoted in Florida:	
Analogi	
/ 10\P\\\(\)	
Signature of a member or an authorized representative of a member.	
(In accordance with section 608.408(3), F.S., the execution of this document constitutes	
an affirmation under the penalties of perjury that the facts stated herein are true.)	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If name unavailable, the alternate name to be u	used in the state of Florida is:	
2. The name and the Florida street address of	the registered agent and office are:	-
The name and the Plonds suest address of	me registered agent and office are.	
Incorp Services, In	ic.	2609 DEC
	(Name)	<u>05</u> 0
		2
17888 67th Court N	North FR	• -
	North as (P.O. Box NOT ACCEPTABLE)	PH

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Johnstorn Services, Inc.
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of New York Department of State ss:

I hereby certify, that DCQ, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/04/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 06th day of November two thousand and nine.

200911090081 102

