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Foreign Limited Liability Company DFI ARELIA, LLC

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu

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1/1

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: DFI ARELIA, LLC (Nanie of Poreign 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 must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability (PEI number, l'applicable) 4. (Data first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to defermine penalty liability) 729-7th Avenue, 15th Floor, New York, New York 10019 (Street Address of Principal Office) 6. 729-7th Avenue, 15th Floor, New York, New York 10019 (Mailing Address) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: William Dickey, Manager - 729-7th Avenue, 15th Floor, New York, New York 10019 8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) رس 🛋 Signature of an authorized person (In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the fact stated free in are time, I am aware that any false information submitted in a document to the Department of State constitutes a third degree falony as provided for in \$.817,155, \$\frac{15}{18}\$.) IARY ASSE William Dickey Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: DFI ARELIA, LLC						
If unavailable,	the alternate to be use	d in the state of Florida is:				
2. The name a	nd the Florida street a	ddress of the registered agent and office are:				
	NRAI Services, Inc.					
						
	1200 South Pine laland Road					
	Florida S	treet Address (P.O. Box NOT ACCEPTABLE)				
• ;	Plantation	FI. 33324	•			
• •		City/State/Zip	_			

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 camplete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

NRAI 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)

ASSEE, FLO

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DFI ARELIA, 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HERBY FURTHER CERTIFY THAT THE SAID "DFI ARELIA,"
LLC" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2014.

SECRETARY OF STATE

EE20550 0300

141410654

Jeffrey W. Bullock, Secretary of State
AUTHENT\(CATION: 1865292

DATE: 11-14-14

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