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COVER LETTER

	gistration Section vision of Corporation	ns				
© SUBJECT:	DMCC 9109 BAY?	MEADOWS LLC				
Sonation.		Name of	Limited Liability (Company		
The enclose Existence, a	ed "Application by Found check are submitted	reign Limited Liability Comp ed to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	unsact Business in Florida," v company to transact busin	Certificate of ess in Florida.
Please retur	n all correspondence	concerning this matter to the	following:			
	Benjamin Swif	ì				
		N	ame of Person			•
	Swift Law Off	ice				
	-	F	irm/Company			
	201 N. New Yo	ork Ave., Suite 201				
			Address			
	Winter Park, F	L 32789				
		City/S	tate and Zip Code			
	ben@swiftlegalf					
		E-mail address: (to be use	d for future annual	report not	ification)	
For further	information concernin	ng this matter, please call:				
Во	enjamin Swift		407 at (636-88	88	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Di Re P.O	AILING ADDRESS: vision of Corporation: egistration Section O. Box 6327 llahassee, FL 32314			Division Registrat Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding centive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ving amount: □ \$130.00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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:

i name unavaitable, emer atternate	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited	d Liability Company,"	"L L.C." or "LLC	C.")
Delaware		3 Applied For			
(Jurisdiction under the law of s	shich foreign limited liability company is organized)	(FEI	number, if applicable)		•
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605 0905, F.S. to determine	rgistration) e penalty liability)			
234 N. Westmonte D	rive	6. 234 N. Westmonte Driv	ve		
(Street Address of Suite 3000	Principal Office)	(Mailing Suite 3000	(Address)	~>	7/3
Altamonte Springs, F.	22714	Altamonte Springs, FL	20714	<u></u>	
Anamonic Springs, F.	1.52714	Attainance Springs, FL	32714	- 환	
N1		NOT anametable)		3.1 1	. ~ " "
. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)		:-	٠
Name:	Swift Law Office			(')	
Office Address:	201 N. New York Ave., Suite 201			çş	μ.
	Winto Dod	12780		မ္ဘ	
	Winter Park (City)	, Florida <u>32789</u>	p code)		
laving been named as r esignated in this applic o comply with the provis	ptance: egistered agent and to accept service of po- ation, I hereby accept the appointment as sions of all statutes relative to the proper of us of my position as registered agent.	registered agent and agree to	act in this capa	city. I furth	her agree
esignated in this applic o comply with the provi- nd accept the obligation	egistered agent and to accept service of partion, I hereby accept the appointment as sions of all statutes relative to the proper of the soft my position as registered agent. (Registered agent's s	registered agent and agree to and complete performance of t and complete performance of t	act in this capa my duties, and	city. I furth	her agree
laving been named as resignated in this applice ocomply with the provisind accept the obligation	egistered agent and to accept service of pa ation, I hereby accept the appointment as sions of all statutes relative to the proper of as of my position as registered agent.	registered agent and agree to and complete performance of t and complete performance of t	act in this capa my duties, and i	city. I furth	her agree ur with
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laving been named as resignated in this applicate occupily with the provision accept the obligation. R. The name, title or capacity:	egistered agent and to accept service of pration, I hereby accept the appointment as sions of all statutes relative to the proper of as of my position as registered agent. (Registered agent's specification and address of the person(s) who has Name and Address: DMCC Performance 1. LP 234 N Westmonte Dr Ste 3000	registered agent and agree to and complete performance of the source of	ect in this capa my duties, and a re: Name an PRADEI 234 N W	d Address: EP MATHA	her agree ar with ROO r Ste 3000
laving been named as resignated in this applicate of comply with the provision accept the obligation 8. The name, title or capacity: Member, Manager	egistered agent and to accept service of pration, I hereby accept the appointment as sions of all statutes relative to the proper of as of my position as registered agent. (Registered agent's specification and address of the person(s) who has Name and Address: DMCC Performance 1. LP 234 N Westmonte Dr Ste 3000 Altamonte Springs, FL 32714	registered agent and agree to and complete performance of and complete. Title or Capacity: President	re: Name an PRADEI 234 N W Altamon LARRY 234 N W	d Address: EP MATHA	ROO r Ste 3000
laving been named as resignated in this applicate of comply with the provision accept the obligation 8. The name, title or capacity: Member, Manager	egistered agent and to accept service of pration, I hereby accept the appointment as sions of all statutes relative to the proper of as of my position as registered agent. (Registered agent's specific and address of the person(s) who has Name and Address: DMCC Performance 1. LP 234 N Westmonte Dr Ste 3000 Altamonte Springs, FL 32714 NARINDER SEEHRA 234 N Westmonte Dr Ste 3000 Altamonte Springs, FL 32714	registered agent and agree to and complete performance of and complete. Title or Capacity: President	re: Name an PRADEI 234 N W Altamon LARRY 234 N W	d Address: EP MATHA Testmonte D te Springs, I	ROO r Ste 3000 r Ste 3000

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DMCC 9109 BAYMEADOWS 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 TWENTY-FIRST DAY OF MARCH, A.D. 2019.

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

Authentication: 202495464

Date: 03-21-19