

M21000008902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

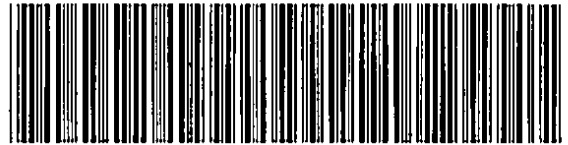
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL -8 PM 4:16
CLERK
STATE OF NEW YORK
DEPT. OF STATE

JUL 14 2021

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DISCOUNT DANCE, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

VIVIAN VO

Name of Person

DISCOUNT DANCE, LLC

Firm/Company

22840 SAVI RANCH PARKWAY

Address

YORBA LINDA, CA 92887

City/State and Zip Code

vvo@discountdance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vivian Vo

714

970-0462

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. DISCOUNT DANCE, 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 must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE 3. 80-0952899
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 22840 SAVI RANCH PARKWAY 6. _____
(Street Address of Principal Office) (Mailing Address)

Yorba Linda, CA 92887

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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.

Denise Bell Denise Bell - Assistant Secretary
(Registered agent's signature)

FILED
2021 JUL -8 PM 4:16
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF BROWARD
FLORIDA

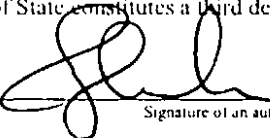
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Michael Heines	<input checked="" type="checkbox"/> Manager	Name: Thomas Dobrzykowski
<input type="checkbox"/> Member	Address: 22840 Savi Ranch Pkwy	<input type="checkbox"/> Member	Address: 22840 Savi Ranch Pkwy
<input checked="" type="checkbox"/> Authorized	Yorba Linda, CA 92887	<input checked="" type="checkbox"/> Authorized	Yorba Linda CA 92887
Person		Person	
<input checked="" type="checkbox"/> Other Officer	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Dave Elliott	<input type="checkbox"/> Manager	Name: Rob Irio
<input type="checkbox"/> Member	Address: 425 Park West Drive	<input type="checkbox"/> Member	Address: 425 Park West Drive
<input type="checkbox"/> Authorized	Grovetown, GA 30813	<input type="checkbox"/> Authorized	Grovetown, GA 30813
Person		Person	
<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Treasurer	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Vivian Vo	<input checked="" type="checkbox"/> Manager	Name: Tom Root
<input type="checkbox"/> Member	Address: 22840 Savi Ranch Parkway	<input type="checkbox"/> Member	Address: 425 Park West Drive
<input checked="" type="checkbox"/> Authorized	Yorba Linda CA 92887	<input type="checkbox"/> Authorized	Grovetown, GA 30813
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.



Signature of an authorized person

Thomas G Dobrzykowski

Typed or printed name of signee

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CLERK OF STATE
JUL 8 2021

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DISCOUNT DANCE, 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 FIRST DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DISCOUNT DANCE, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2013.

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

5403627 8300

SR# 20212606020

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203583887

Date: 07-01-21