10/10/2014 10:31:55 From:

Division of Corporations



Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

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

FOREIGN PROFIT/NONPROFIT CORPORATION DSCM Inc.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: DSCM Inc
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Name of Person
Firm/Company
Address
City/State and Zip code
AgencyLicensing@deep-south.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
at ()
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy

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.

1. DSCM Inc		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
2. Delaware	3.	47-1992220
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
4. 10/02/2014	5.	Perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualifica	tion	
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)
7. 7701 Las Colinas	Ridge Suite 600, Dallas, TX 75063	<u> </u>
	(Principal office add	ress)
same	(Current mailing add	
8. Name and stre	et address of Florida registered agent: (P.0	
Name:	C T Corporation System_	
Office Address:	1200 South Pine Island Road	
	Plantation	, Florida <u>33324</u>
	(City)	(Zip code)
Having been nan designated in this further agree to c	a application, I hereby accept the appoint comply with the provisions of all statutes t familiar with and accept the obligations o	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my of my position as registered agent.
<u>. </u>	CT Corporation System By: Conne Buse	Granie Bajon
	(Register agent's s	ignature)
10. Attached is a	certificate of existence duly authenticated	not more than 90 days prior to delivery of this application to

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.

11. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairman: SEE ATTACHMENT		
Address:		
	 	
Vice Chairman:		
Address:		
Director:		
Address:		
December		
Director:	To the	7.
Address:	5.2	;
	>- ","	<u> </u>
B. OFFICERS	Ç.,	0
President: SEE ATTACHMENT	- 1715 h	<u>-P</u>
Address:	Ç.G.	<u></u>
	1 5	చే
Vice President:		
Address:		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or din	ectors.	
12 Finda Mus QUY		
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts	stated he	rein
are true and that he or she is aware that false information submitted in a document to the Department of St a third degree felony as provided for in s.817.155, F.S.	ate const	itutes
13. Linda Musler, Asst. Secretary		

(Typed or printed name and capacity of person signing application)

DSCM Inc	Oct-14
OFFICERS	
Tracy Bowden	President*
Brad Shofran	Treasurer*
Nancy Self	Secretary
Linda Musler	Assistant Secretary
Mark Sitler	Vice President-Claims
DIRECTORS	
Tracy Bowden	Director
Brad Shofran	Director

Address

7701 Las Colinas Ridge Suite 600 Dallas, TX 75063

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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 "DSCM 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 NINTH DAY OF OCTOBER, A.D. 2014.

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

14 OCT 10 PM 1:39

5614856 8300

141275536

You may verify this certificate onlin at corp.delaware.gov/authver.shtml AUTHENTICATION: 1767274

)

DATE: 10-09-14