Requester's Name  218 Whitehead St.  Address  Key West M 3304  City/State/Zip Phone #	Un; + 4	<b>2023</b> 3
CORPORATION NAME(C) & DOCK		Office Use Only
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if	known):
1. DB Squared UC (Corporation Name)	(Document #)	
(osponano)	(Document #)	200000100000
2. (Corporation Name)	(Document #)	2000031095720 -01/25/0001033009 ****125.00 ****125.00
·	·,	**************************************
3. (Corporation Name)	(Document #)	W-2387
	,	
4. (Corporation Name)	(Document #)	<u> </u>
☐ Walk in ☐ Pick up time _	,	<u> </u>
Mail out Will wait		Certified Copy
Will wait	Photocopy	☐ Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	
Profit	Amendment	FII FEB - AHASS
Not for Profit	Resignation of R.	A., Officer/Director
☐ Limited Liability ☐ Domestication	Change of Registe Dissolution/Without	ered Agent FS Z D
Other	Merger	lrawal ORIDA #
OTHER FILINGS	REGISTRATION/Q1	UALIFICATION WITH
Annual Report	☐ Foreign	2/7
☐ Fictitious Name	Limited Partnersh	ip
	Reinstatement Trademark	
	Other	
TP7F031/7/07\		Examiner's Initials



### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 27, 2000

DEBORAH J. BARRY 218 WHITEHEAD ST., UNIT 4 KEY WEST, FL 33040

SUBJECT: DB SQUARED, LLC Ref. Number: W00000002387

We have received your document for DB SQUARED, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or  $\infty$  your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 000A00003885

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. DB SCIORED LLC (Name of foreign limited liability company)
2. MA (Wessechusetts)  (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
4. Dec. 22, 1999  (Date of Organization)  5. Quiration: Year limited liability company will cease to exist or "perpetual")
6. Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7218 Whitehead St. Unit 4
Key West, F/ 33040 FS 3 1
8. If limited liability company is a manager-managed company, check here
9. The usual business addresses of the managing members or managers are as follows:
Same as #17
10. 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.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Stephen Humack Gallery
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.)
Deborah Z. Barry  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.

1. The name of the Limited Liability Company is:  DB SQUARED, LLC	. <del></del>	
2. The name and the Florida street address of the registered agent and office are:	***************************************	<b>-</b> -
Deborah J. Barry	·· 1	
218 Whitehood St. With A	OO F	-
Florida street address (P.O. Box NOT ACCEPTABLE)  ASS FL 33040	EB -4 - 4-83.	
City/State/Zip CRUD	PN 8: 41 FSTATE	0
Having been named as registered agent and to accept service of process for the above stability company at the place designated in this certificate, I hereby accept the appointmagistered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608,	ated limi ent as visions o	£ -77

Dobonah U (Signature)

Filing Fee for Application \$ 100.00

Designation of Registered Agent \$ 25.00

\$ 30.00 Certified Copy (optional)

5.00Certificate of Status (optional)



# The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

January 28, 2000

#### TO WHOM IT MAY CONCERN:

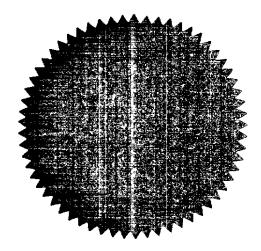
I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

## DB SQUARED, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **December 22, 1999**.

I further certify that said Limited Liability Company has not filed a certificate of cancellation; and that, so far as appears of record, said Limited Liability Company has legal existence.

CRETARY OF STATE



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Travino Galecin

Secretary of the Commonwealth