

M05000000456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AK

Office Use Only



500045347105

05 JAN 31 PM 2:09

FLORIDA
TALLAHASSEE, FLORIDA

05 JAN 31 PM 2:09

FILED

NO FILING
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2005 JAN 31 AM 10:05

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CORPORATE
ACCESS,
INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (323) 570-6661 ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP

1/31 TJS
✓ LUGS

PHIBED COPY

2 Quantity

PHOTO COPY

✓ FILING LLC

FILED
05 JAN 31 PM 2:09
STATE
TALLAHASSEE, FLORIDA

D.F.D Sales, LLC

CORPORATE NAME & DOCUMENT #)

CORPORATE NAME & DOCUMENT #)

CORPORATE NAME & DOCUMENT #)

CORPORATE NAME & DOCUMENT #)

CORPORATE NAME & DOCUMENT #)

INSTRUCTIONS

FILED
05 JAN 31 PM 2:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. DFD SALES, LLC
(Name of Foreign Limited Liability Company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FBI number, if applicable)
4. January 25, 2005
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 12100 Eagle Trace Boulevard, Coral Springs, Florida 33071
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Svatek Consulting, Inc., a Florida corporation, Manager

12100 Eagle Trace Boulevard

Coral Springs, Florida 33071

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: _____

Investments

Dennis Svatek

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.)

Dennis Svatek, Member

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:

DFD SALES, LLC

2. The name and the Florida street address of the registered agent and office are:

Dennis Svatek

(Name)

12100 Eagle Trade Boulevard

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Coral Springs

FL 33071

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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Dennis Svatek
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

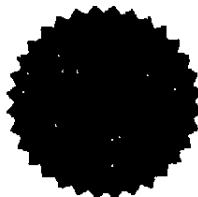
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DFD SALES, 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-SIXTH DAY OF JANUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DFD SALES, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2005.

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



3916831 8300

050065655

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3642610

DATE: 01-26-05