

M09000004521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

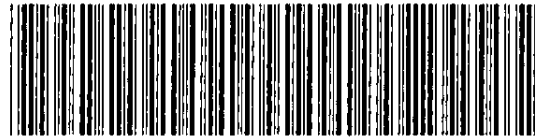
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100162614961

11/17/09--01003--002 **125.00

RECEIVED
09 NOV 16 PM 3:52
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 NOV 17 PM 3:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

NOV 17 2009

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

D.G. Shreveport, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 17 PM 3:45

____ Art of Inc. File _____
____ LTD Partnership File _____
____ ✓ Foreign Corp. File LLC _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ ✓ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____

Signature _____

Requested by: BAN

Name _____

Date 11-16

Time _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 NOV 17 PM 3:34

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 17 PM 3:45

November 17, 2009

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: D. G. SHREVEPORT, LLC
Ref. Number: W09000050534

We have received your document for D. G. SHREVEPORT, 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):

Please note that we have RETAINED your \$125.00 payment.

In addition to the application you must submit a GOOD STANDING CERTIFICATE from the Louisiana Secretary of State's office. The certificate must be dated within the past 90 days.

A sample of the Louisiana certificate is attached.

The computer printout you provided is not sufficient.,

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

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 709A00035707

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. D. G. Shreveport, 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Louisiana 3. 27-1280015
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. 11/09/09 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 4499 W. Irlo Bronson Memorial Hwy

Kissimmee, FL 34746

(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:

William Rucker - 4499 W. Irlo Bronson Memorial Hwy, Kissimmee FL 34746

Jeanniene Rucker - 4499 W. Irlo Bronson Memorial Hwy, Kissimmee FL 34746

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: _____

Any and all lawful activities an LLC can perform in the state of Florida.

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.)

William Rucker

Typed or printed name of signatory

RECEIVED
DIVISION OF CORPORATIONS
FILED
NOV 11 PM 3:45

**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:

D. G. Shreveport, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

William Rocker
(Name)

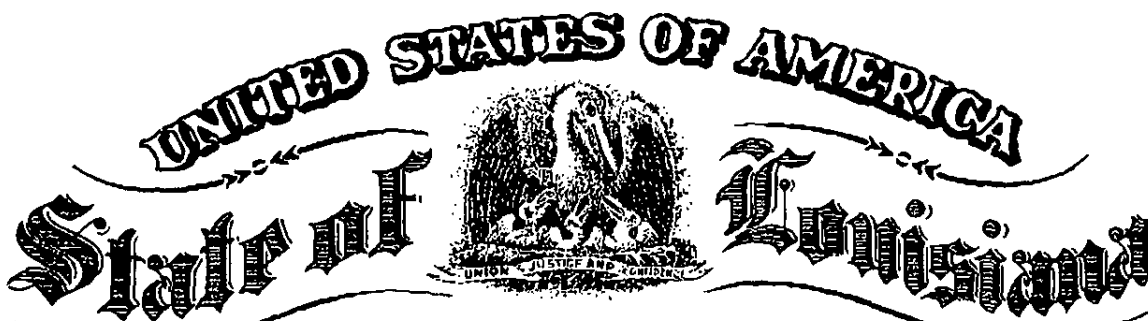
4499 W. Irla Bronson Memorial Hwy
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Kissimmee/ FL /34746
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.


(Signature)

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



Jay Dardenne

SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

DG SHREVEPORT, LLC

A limited liability company domiciled in METAIRIE, LOUISIANA,

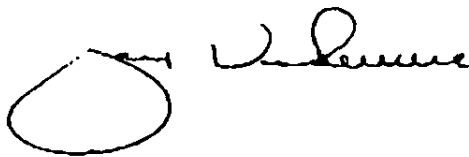
Filed charter and qualified to do business in this State on November 09, 2009,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State,

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 17, 2009



Secretary of State

Web GSC



Certificate ID: 10023686#WMI61

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.
www.sos.louisiana.gov