# 11/10000003670

| (Re                                     | equestor's Name)                      |             |  |  |
|---|---------------------------------------|-------------|--|--|
| (Ad                                     | ldrace)                               |             |  |  |
| (Ad                                     | dress)                                |             |  |  |
| (Ad                                     | dress)                                |             |  |  |
|   |                                       |             |  |  |
| (Cit                                    | ty/State/Zip/Phone                    | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT                                | MAIL        |  |  |
| (Bu                                     | siness Entity Nar                     | ne)         |  |  |
| (Document Number)                       |                                       |             |  |  |
| Certified Copies                        | _ Certificates                        | s of Status |  |  |
| Special Instructions to Filing Officer: |                                       |             |  |  |
|   |                                       |             |  |  |
|   |                                       |             |  |  |
|   |                                       |             |  |  |
|   |                                       |             |  |  |
|   | · · · · · · · · · · · · · · · · · · · |             |  |  |

Office Use Only



700184074067

08/16/10--01044--014 \*\*125.00

FILED

10 AUG 18 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1/38125

J. BRYAN

AUG 1 9 2010

**EXAMINER** 

#### **COVER LETTER**

| TO:     |                                 | ition Section<br>of Corpora                                      |                                 |   |               |  |
|---------|---------------------------------|--|---------------------------------|---|---------------|--|
| SUBJI   | ECT:                            | DB   |                                 | ne of Limited Liability Company   |               |  |
|         |                                 |  |                                 | pility Company for Authorization to bove referenced foreign limited liab  |               |  |
| Please  | return all                      | corresponde  | ence concerning this ma         | atter to the following:   | ž.            | 400 75   |
|         |                                 |  | ROO M                           | 1 CLAIN   | AL C          | 题 馬 五  |
|         |                                 |  |                                 | Name of Person  |               | T S S  |
|         |                                 |  | DB Ac                           | cessions, LL  | C             | ILED   |
|         | •                               |  |                                 | Firm/Company  |               |  |
|         |                                 |  | 186                             | . SUELTER LAN   | 4E            | A STATE OF THE STA |
|         |                                 |  |                                 | Address   | 0             | •  |
|         |                                 |  | 16                              | City/State and Zip Code   | 33469         | _  |
|         | •                               |  |                                 | City/State and Zip Code   |               |  |
| •       |                                 | 2  | LODMECLA                        | ins e grail   | . com         |  |
|         | _                               |  | E-mail address: (               | to be used for future annual report i   | notification) | _  |
| For fur | ther inform                     | nation conc  | erning this matter, plea        | se call:  |               |  |
|         | 4                               | 20~  | Mª CLAIN                        | at (704) C  | 410-7754      | L  |
|         |                                 | N  | ame of Person                   | Area Code & Daytime Teleph  | ione Number   |  |
|         | Division<br>Registra<br>P.O. Bo | NG ADDRI<br>of Corpora<br>tion Section<br>x 6327<br>(see, FL 323 | ations<br>n                     | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |               |  |
| Enclo   | sed is a o                      | check for t  | the following amou              | nt:   |               |  |
|         | \$125                           | .00 Filing Fo  | ee \$130.00 Filin Certificate o | g Fee & \$\begin{align*} \$\\$155.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                      |               |  |



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2010

ROD MCCLAIN DB ACCESSIONS, LLC 186 SHELTER LANE TEQUESTA, FL 33469

SUBJECT: DB ACCESSIONS, LLC Ref. Number: W10000038725



We have received your document for DB ACCESSIONS, 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 or a certificate of good standing, 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 your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 610A00019743

## 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 ACCESSIONS, 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. DELEWARE (Jurisdiction under the law of which foreign limited liability company is organized)  3. 26-1839311 (FEI number, if applicable)   |
| 4. Ol 08 2008 (Date of Organization)  5.   Description   Ouration: Year limited liability company will reset to exist or "perpetual")   |
| 6. BUDYING COMPLETION OF REGISTRATION PLOCESS TO (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |
| 7. 186 SHELTER LANE  TEOURTO F 33469  |
| 7. 186 SHELTER LONE TEQUESTO FL 33469 (Street Address of Principal Office)  |
| <ul><li>8. If limited liability company is a manager-managed company, check here</li><li>9. The name and usual business addresses of the managing members or managers are as follows:</li></ul>   |
| ROD MC CLAN   |
| 186 SHELLEN LANG  |
| 186 SHELLEN LANG<br>TEGHERIA, R. 33469  |
| 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:  |
| Dest M'Clan.  |
| 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.)   |
| "KUD M CCLOIN   |

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:   |  |
|--|--|
| 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:  ROOMC CLAIN  (Name)  186 SHELTER LONE  Florida Street Address (P.O. Box NOT ACCEPTABLE)  TEQUESTRO FL 33469  City/State/Zip  | FILED  10 AUG 18 PM 1: 35  SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Having been named as registered agent and to accept service of process for the above stationary liability company at the place designated in this certificate, I hereby accept the appointme agent and agree to act in this capacity. I further agree to comply with the provisions of al relating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida Stationary line in the complete performance of my position as registered agent as provided for in Chapter 608, Florida Stationary line in the complete performance of my position as registered agent as provided for in Chapter 608, Florida Stationary line in the complete performance of my position as registered agent as provided for in Chapter 608, Florida Stationary line in the complete performance of my position as registered agent as provided for in Chapter 608, Florida Stationary line in the complete performance of my position as registered agent as provided for in Chapter 608, Florida Stationary line in the complete performance of my position as registered agent as provided for in Chapter 608, Florida Stationary line in the complete performance of my position as registered agent as provided for in Chapter 608, Florida Stationary line in the complete performance of my position as registered agent as provided for in Chapter 608, Florida Stationary line in the complete performance of my position as registered agent as provided for in Chapter 608, Florida Stationary line in the complete performance of my position as registered agent as provided for in Chapter 608, Florida Stationary line in the complete performance of my position as registered agent as provided for in Chapter 608, Florida Stationary line in the complete performance of my position as registered agent as provided for in Chapter 608, Florida Stationary line in the complete performance of my position as registered agent as provided for in the complete performance of my position as registered agent as | ent as registered<br>Il statutes<br>accept the                     |

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

(Signature)

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DB ACCESSIONS, 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 EIGHTEENTH DAY OF AUGUST, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DB ACCESSIONS, LLC" WAS FORMED ON THE EIGHTH DAY OF JANUARY, A.D. 2008.

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

10 AUG 18 PM 1: 35
SECRETARY OF STATE

4486204 8300

100839810

Jeffrey W Bullock, Secretary of State NuTHENTYCATION: 8179911

DATE: 08-18-10

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