

7/19/2017

Division of Corporations

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6384

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Account Name : C T CORPORATION SYSTEM
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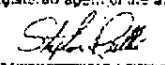
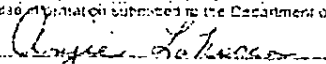
LIMITED LIABILITY REINSTATEMENT
DAWN-BV, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$516.25

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		17 JUL 19 AM 9:41 FALL 2017	
DOCUMENT # M110000011680 Limited Liability Company's Name Dawin-BV LLC					
2. Principal Office Address - No P.O. Box # 60 Wall Street Suite Apt #, etc.		3. Mailing Office Address c/o Anjie LaRocca, 60 Wall Street Suite Apt #, etc. 40th Floor		4. State/Country of Formation Delaware	
City & State New York, NY		City & State New York, NY		5. Date Organized or Qualified To Do Business in Florida 04-01-2011	
Zip 10005	Country USA	Zip 10005	Country USA	6. FEI/EIN number 27-3726877	
8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite Apt # Etc.				7. ☐ CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status	
City Plantation		State FL	Zip Code 33324		
9. I am appointing the registered agent of the above named limited liability company, am familiar with, and accept the obligations of Chapter 605, F.S. Signature of Registered Agent:  Stephen Rullis VP & Asst. Secy. Date: 7/19/17 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
Manager	Andrew Mullin	60 Wall Street		New York, NY 10005	
Manager	Dino Paparelli	60 Wall Street		New York, NY 10005	
11. Email Address: anjie.larocca@db.com					
12. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 505.0012, F.S., and that all fees owed by the limited liability company have been paid. The information declared on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 312.155, F.S. Signature of:  Date: July 18, 2017 Daytime Phone #: 212-250-5168 Authorized Representative/Manager Typed or printed name of signing Authorized Representative/Manager: Anjie LaRocca, Authorized Person					

 T. HENDERSON
 JUL 20 2017