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EXAMINER

COVER LETTER

TO:

Registration Section

	Name of Limited Liability Company		
The enclosed "Application by Foreign Limited I Existence, and check are submitted to register the	Liability Company for Authorization to Transact Business in Flor to above referenced foreign limited liability company to transact	rida," Certific business in F	cate of
Please return all correspondence concerning this	s matter to the following:		
Kevin Hamann			
	Name of Person		
Deal Partners, LLC			
	Firm/Company	Michigan	
6300 SW 48th Street			
	Address		
Miami, FL 33155			
	City/State and Zip Code		
Hamannkev@gmail	l.com 😅		
	(to be used for finure annual report notification)		
For further information concerning this matter, a	olease cali:		en e ,
Kevin Hamann	at 305 776-8405	(S	garagar. Z
Name of Person	Area Code & Daytime Telephone Number	110	i († ∮i) Symmet
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl. 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Talkahassee, FL 32301	ED	*. ·
Enclosed is a check for the following am S125.00 Filing Fee S130.00 Filing Certificate of	nount: g Fee & \$\bigcap\$155.00 Filing Fee & \$\bigcap\$160.00 Filing Fee, Cert		

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

IN COMPLIANCE WITH SECTION 698508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIMBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-
Deal Partners, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI,C.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.")
2. Delaware 3.
(hunsdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. August 21, 2012 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cause 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. 6300 SW 48th Street
Miami, FL 33155
(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:
Kevin Hamann 6300 SW 48th Street, Miami, FL 33155
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 outh of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Wholesale Electronics
Sales
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 on affirmation under the
penalties of perjury that the facts stated herein are true, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 5.817,155, F.S.)
Kavin Hamann

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 Co	mpany is:	
Deal Partners, LLC		andre o construction of the state of the sta
If unavailable, the alternate to be used in	the state of Florida is:	
Kevin Hamann		
2. The name and the Florida street addre	ss of the registered agent and office are:	in the same
Kevin Hamann		
	(Name)	
6300 SW 48th Stre	et	
Plorida Street Address (P.O. Box NOT ACCEPTABLE)		Academic Control
Miami	FL 33155	
	City/State/Lip	
liability company at the place designated i agent and agree to act in this capacity. If relating to the proper and complete perfor	nd to accept service of process for the above in this certificate, I hereby accept the appoint further agree to comply with the provisions of mance of my duties, and I am familiar with a sent of provided for in Chapter 608, Florida (tment as registered f all statutes and accept the

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00 \$ 30.00

\$ 5.00

Delaware

PAGE :

The First State

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

DELAWARE, DO HEREBY CERTIFY "DEAL PARTNERS, 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 FIFTH DAY OF SEPTEMBER, A.D. 2012.

5201490 8300

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. . . .

AUTHENTY CATION: 9822705

DATE: 09-05-12

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