# M 14 00 0004787

| (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: |
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June 11, 2014

JOHN BENNETT 124 W PINE ST MISSOULA, MT 59802

SUBJECT: DBAC HOLDING, LLC Ref. Number: W14000036322

We have received your document for DBAC HOLDING, 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):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 414A00012639

#### **COVER LETTER**

TÒ:

|                    | stration Section<br>sion of Corporations |   |                                   |                 |  |             |  |
|--------------------|--|---|-----------------------------------|-----------------|--|-------------|--|
| SUBJECT:           | DBAC, LL                                 | С   |                                   |                 |  |             |  |
| SUBJECT: _         |  | Name of Limite  | d Liability Company               |                 |  | <del></del> |  |
|                    |  | Limited Liability Com<br>register the above refer               |                                   |                 |  |             |  |
| Please return a    | all correspondence conc                  | erning this matter to the                                       | following:                        |                 |  |             |  |
|                    | John M. I                                | Bennett   |                                   |                 |  |             |  |
|                    |  | N   | ame of Person                     |                 |  | _           |  |
|                    | Bennett L                                | aw Office   | PC                                |                 |  |             |  |
|                    |  | F   | irm/Company                       |                 |  | _           |  |
| 124 W. Pine Street |  |   |                                   |                 |  |             |  |
|                    |  |   | Address                           |                 |  | _           |  |
|                    | Missoula                                 | , MT 59802  | <u>}</u>                          |                 |  |             |  |
|                    |  | •   | tate and Zip Code                 |                 |  | _           |  |
|                    | _  | Bennettla   |                                   |                 |  | <del></del> |  |
| Dan Gamban ind     |  | E-mail address: (to be use                                      | d for future annual re            | port notificati | on)  |             |  |
|                    | formation concerning th                  | -   | 400                               | <b>540</b>      | 5000   |             |  |
| 70                 | hn Bennet                                | t   | _ at ( <u>406</u>                 | _)              | 5803   |             |  |
|                    | Name of Co                               | ontact Person   | Area Code                         | Dayti           | me Telephone Number                            |             |  |
|                    | LING ADDRESS:<br>sion of Corporations    |   | ET ADDRESS:<br>n of Corporations  |                 |  |             |  |
| Regi               | stration Section                         | Registr   | ation Section                     |                 | •  |             |  |
|                    | Box 6327<br>hassee, FL 32314             |   | Building<br>xecutive Center Cir   | rala            |  |             |  |
| 1 alla             | massee, 1 L 32314                        |   | issee, FL 32301                   | Cie             |  |             |  |
| Enclosed is        | a check for the follows:                 | owing amount:<br>\$130.00 Filing Fee &<br>Certificate of Status | □ \$155.00 Filin<br>Certified Cop |                 | □ \$160.00 Filing Fee,<br>of Status & Certifie |             |  |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| ousiness in Florida. The alternate name must include "                             | Limite   |
|--|--|
| -2667825   |  |
| (FEI number, if applicable)  |  |
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| al Office)   |  |
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|  |  |
| ho has/have authority to manage is/arc:  | Menigan<br>M   |
| 77 19 12 12 12 12 12 12 12 12 12 12 12 12 12                                       |  |
|  | HELPS MADE   |
| 21<br>ਜ਼ਰੂਨ  | -  |
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|  | —  |
| n 90 days old, duly authenticated by the which it is organized. (A photocopy is no | ot   |
| ion of the certificate under oath of the tr  | ansla  |
|  | rior to registration.) termine penalty liability)  ho has/have authority to manage is/are: |

John M. Bennett, President of Manager

Signature of an authorized person
(In accordance with section 605.0203, F.S., the execution of this document constitutes an 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 s.817.155, F.S.)

Typed or printed name of signee

besa1415617292345f901-e-c235651

# SECRETARY OF STATE STATE OF MONTANA

#### CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

DBAC, LLC

duly filed its Articles of Organization in this office on 27 March 2013, and on that date was created a limited liability company.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said limited liability company and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said limited liability company and my records indicate the limited liability company is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 6 June 2014.

LINDA MCCULLOCH Secretary of State

inde Mc Cullan

Certified File Number: C235651

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES. THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE

|  | STATEMENT TE<br>E STATE OF FI                                  | TO DESIGNATE A REGISTERED OFFICE AND REG<br>LORIDA.  | ISTERED                                  |
|--|--|--|--|
| 1. The name o                                    |  | ability Company is:  |  |
|  | the alternate to b   | be used in the state of Florida is:  |  |
| 2. The name a                                    | nd the Florida st  | reet address of the registered agent and office are:   |  |
|  | Albert Interian, I   | Esq. c/o Lamont Neiman Interian & Bellet, P.A.   |  |
|  |  | (Name)   |  |
|  | New World T  | ower, Suite 801, 100 North Biscayne Blvd.  |  |
|  | Flo  | orida Street Address (P.O. Box NOT ACCEPTABLE)   |  |
|  | Miami,   | <sub>FL</sub> 33132  |  |
|  |  | City/State/Zip   |  |
| liability comparegistered agentstatutes relating | ny at the place de<br>It and agree to ac<br>Ig to the proper a | ed agent and to accept service of process for the above signated in this certificate, I hereby accept the appointment in this capacity. I further agree to comply with the product complete performance of my duties, and I am familial sition as registered agent as provided for in Chapter 605 LT THEVITM, VICE PRESIDENT NEIMEN INTERMEDIATE BELLE (Signature) | nent as<br>ovisions of all<br>r with and |

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