#### Florida Department of State

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Foreign Limited Liability Company DB-MS, LLC

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B. BOSTICK

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JUL 1 0 2014 Help

**EXAMINER** 

#### COVER LETTER

The enclosed "Application by For	ion Limited Lighility Company for Authorization		
explosine, and eneck are amounted	I to register the above referenced foreign limited	on to Transact Business in Florida," C I llability company to transact busines	Sertificate of as in Piorida
Please return all correspondence of	oncoming this matter to the following:	·	
	Name of Person		
	Pirm/Company		•
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	Address		
<del></del>	City/State and Zip Code		
anthony	insinna@doodlebugs.	.com ≱ٍ	2814
	E-mail address: (to be used for future armusi report	ri notification)	
Por further information concerning	this matter, please call:	HASS	JUL -9 /
	at (	("f") =-	ا م ١
Name of	Contact Person Area Code	Daytime Telephone Number	
MAILING ADDRESS:	STREET ADDRESS:	LOR	
Division of Corporations	Division of Corporations Registration Section	57	4 2
	Registration Section Clifton Building 2661 Executive Center Circle	9A	50

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. DB-MS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company." "LLC." of "LLC.")

(If name unavailable, onter alternate name adopted for the purpose of transpoling business in Florids. The alternate came must include "Limited
Liability Company,""L.L.C," or "LLC.")
2. New York
(PBI number, if applicable) company is organized)
<sub>4.</sub> n/a
(Dats first transacted business in Florida, If prior to registration.) (See sections 605,0904 & 605.0905, F.S. to determine penalty liability)
<sub>5.</sub> 20 Losson Road, Suite 215
Cheektowaga, NY 14227
(Stress Address of Principal Office)  6, 20 Losson Road, Suite 215
Cheektowaga, NY 14227
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Anthony Insinna, President & CEO
20 Losson Road, Suite 215
Cheektowaga, NY 14227
8. 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)  Signature of an authorized person  (In accordance with section 605.0203, F.S., the execution of this degenerate contitutes an affirmation cader the position of polytry that the facts stated havelo are line. I am aware that any false information submitted in a decument to the Department of State constitutes a third degree falony as provided for in a 817.155, F.S.)
Anthony insinna
Typed or printed name of signee

FERFTARY OF STATE

## 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 FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

DB-MS, LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and	i the Florida street ad	idress of the registered agent and office are:
	C T Corpora	ation System
,		(Name)
	1200 South	Pine Island Road
•	Florida St	reet Address (P.O. Box NOT ACCEPTABLE)
	Plantation	<sub>RL</sub> 33324

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 605, Florida Statutes.

Maria T. Chambers,
Special Assistant Secretary

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

2814 JUL -9 A 10: 50 SECRETARY OF STATE

# State of New York Department of State } ss:

I hereby certify, that DB-MS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/19/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department.



201407090175 · ES

Witness my hand and the official seal of the Department of State at the City of Albany, this 08th day of July two thousand and fourteen.

Anthony Glardina

Executive Deputy Secretary of State

SEGRETARY OF STATE TALLAHASSEE, FIORIDA