M1500001199

(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:						
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	. (Requestor's Name)					
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Office Use Only



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2015 FEB 11 AM 10- 18
SECRETARY OF STATE
TAIL ALLESSEE, FLORUSE

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JANISION OF CORPORATION

N. Outrigian FED 1.6 2015

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 498185 7498792

AUTHORIZATION : Sould bleman

COST LIMIT : (\$ 1-25.00

ORDER DATE : February 10, 2015

ORDER TIME : 8:40 AM

ORDER NO. : 498185-010

CUSTOMER NO: 7498792

FOREIGN FILINGS

NAME: DAKOTA DEVELOPMENT COMPANY,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO: Registration Division of C							
SUBJECT: DaK	ota Development Company, LLC						
	Name of Limited Liability Company						
	tion by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of re submitted to register the above referenced foreign limited liability company to transact business in Florida						
Please return all corres	pondence concerning this matter to the following:						
As	hley Green						
	Name of Person						
SE	BE						
Managara and Artificial and Artifici	Firm/Company						
59	5900 Wilshire Blvd., Ste. 3100						
	Address						
Lo	s Angeles, CA 90036						
City/State and Zip Code							
ash	nley.green@sbe.com						
<u> </u>	E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please call:						
Ashley	Green 323 634-5854						
	Name of Contact Person Area Code Daytime Telephone Number						
MAILING AI Division of Co Registration Se P.O. Box 6327 Tallahassee, Fi	rporations Division of Corporations ection Registration Section Clifton Building						
Enclosed is a check ☐ \$125.00 File	for the following amount: ing Fee \$\Bigcup \$130.00 Filing Fee & \$\Bigcup \$155.00 Filing Fee & \$\Bigcup \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy						

RECEIVED

DEPARTMENT OF STOTE

DIVISION OF FILMO

15 FEB 13 PH 4: 34

NOT INTENDED

NOT INTENDED

SUFFICIENCY OF FILMO

SUFFICIENCY OF FILMO

February 12, 2015

RESUBMIT

CORPORATION SERVICE COMPANY

Please give original submission date as file date.

TALLAHASSEE, FL

SUBJECT: DAKOTA DEVELOPMENT COMPANY, LLC

Ref. Number: W15000010453

We have received your document for DAKOTA DEVELOPMENT COMPANY, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 415A00002961

Division of Compositions D.O. DOV 6997 Tollahanna Florida 99914

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:

1. DaKota Development Company, 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. The alternate name must include "Liability Company," "L.L.C," or "L.L.C,")	imited	
_{2.} Nevada 3.		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
_{4.} 2/10/2015		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	_ ~3	
_{5.} 2535 Las Vegas Blvd. South		
Las Vegas, NV 89109	_ æ	-
(Street Address of Principal Office)	_ _	ĺ
_{6.} 2535 Las Vegas Blvd. South		Ĭ
Las Vegas, NV 89109	_ _ _	
(Mailing Address)	<u>`</u> œ	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		
SBEEG Holdings, LLC (MANAGER)		
2535 Las Vegas Blvd. South	_	
Las Vegas, NV 89109		
3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the of naving 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 translation of the submitted) 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 her maware 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.	islator	w.1
Ashley Green		

Typed or printed name of signee

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.

1. The nam	e of the Limited Liability Company is:		
DaKota Dev	elopment Company, LLC		
If unavailab	le, the alternate to be used in the state o	of Florida is:	
2. The nam	e and the Florida street address of the re	egistered agent and office are:	SECISI LALLA
	Corporation Service Company		## #
	(Na	me)	第6 一
	1201 Hays Street		₹ 5 Flogs
	Florida Street Address (P.C	₩ 8	
	Tallahassee	32301 FL	
	City	/State/Zip	
liability com registered as statutes rela	n named as registered agent and to accept pany at the place designated in this certi gent and agree to act in this capacity. I f ting to the proper and complete perform bligations of my position as registered ag	ificate, I hereby accept the appointm further agree to comply with the pro ance of my duties, and I am familiar	nent as visions of all with and
	Corporation Service Company Courtney Williams		
	By: (Signature)	Asst. Vice	President
	(Signature)		
	•	g Fee for Application	
		nation of Registered Agent fied Copy (optional)	
	3 30.00 Ceru	nea copy (obnousi)	

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DAKOTA DEVELOPMENT COMPANY**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 13, 2013, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 10, 2015.

BARBARA K. CEGAVSKE Secretary of State

Ochora K. Cegarste

Electronic Certificate
Certificate Number: C20150210-1834
You may verify this electronic certificate
online at http://www.nvsos.gov/