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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Regist

Registration Section Division of Corporations

D SUBJECT:	CR Mortgage Ve	entures, LLC			
SUBJECT: _		Name of	f Limited Liability Company		
				ransact Business in Florida," C ity company to transact busines	
Please return al	l correspondence	concerning this matter to the	e following:		
	Kathleen Mot	ı			
		7	lame of Person		
	DCR				
		F	'irm/Company		
	333 Third Ave	nue N. Suite 400			
			Address		
	St. Petersburg,	FL 33701			
		City/S	State and Zip Code		
	kathleen.mott@	directedcapital.com		2015 SE TALL	
		E-mail address: (to be use	d for future annual report no	tification)	7
For further infor	mation concernit	ig this matter, please call:		TAR TAR	
Kathlee	en Mott		727-341-8389 at ()	T P	TI TI
	Name o	of Contact Person	Area Code Day	ytime Telephone Number	O
Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314	s S	Division Registrat Clifton B 2661 Exe	of Corporations	
Enclosed is a che ☐ \$125	ck for the follow .00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certified Copy	icate

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:

DCR Mortgage Ventur	res, LLC
(Name of For	reign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter a	alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C,	"," or "LLC.")
2. Delaware	3. 47-4353434 v of which foreign limited liability (FEI number, if applicable)
company is organized)	7 of which foreign timuled maptify (FEI number, II applicable)
4	(Date first transacted business in Florida, if prior to registration.)
5 333 Third Avenue N.,	(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
J	
St. Petersburg, FL 3370	(Street Address of Principal Office)
6	
	ALLI Admin
	(Mailing Address)
7. Name and street addres	ss of Florida registered agent: (P.U. Box NUT acceptable)
Name:	CT Corporation System
Office Address:	1200 South Pine Island Road
	Plantation , Florida 33324
Registered agent's accept	(City) (Zip code) ➤ ∞
Having been named as re this application, I hereby (gistered agent and to accept service of process for the above stated corporation at the place designated i accept the appointment as registered agent and agree to act in this capacity. I further agree to comply statutes relative to the proper and complete performance of my duties, and I am familiar with and accep
	(Registered agent's signature)
8. The name title or cana	acity and address of the person(s) who has/have authority to manage is/are:
	of DCR Mortgage Partners VII, LP, the sole member of DCR Mortgage Ventures, LLC
	of existence, no more than 90 days old, duly authenticated by the official having custody of records in the of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
	Signature of an authorized person
	n 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury the rue. I am aware that any false information submitted in a document to the Department of State constitutes a for in s.817.155, F.S.)
	Stacy J. Ames

Typed or printed name of signce

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "DCR MORTGAGE VENTURES, 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 TWENTY-FIFTH DAY OF JUNE, A.D. 2015.

5767002 8300

150971245

AUTHENTICATION: 2503480

DATE: 06-25-15

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