*11/5000006193

(Re	equestor's Name)	 			
(Address)					
(Ac	ldress)				
. (Ci	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

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08/05/15--01010--018 **130.00

SECRETARY OF STATE ALLAHASSEE, FLORID

K.SALY EXAMINER AUG - 6 2015

COVER LETTER

TO:		ration Section on of Corporati	ous				
SUBJI		CR Mortgage 7					
			Name o	f Limited Liability	Company		
Existen	ice, and c	heck are submit	ted to register the above refe	erenced foreign lim		ransact Business in Florida," Co ity company to transact business	
Please	return all	correspondence	concerning this matter to th	e following:	•		
		Kathleen Mot	1				
			1	Name of Person			
		Directed Capi	al				
			I	Firm/Company			
		333 Third Ave	nue N., Suite 400				
				Address			
		St. Petersburg,	FL 33701				
			City/S	State and Zip Code			
	I	kathleen.mott@	directedcapital.com				
	•		E-mail address: (to be use	d for future annua	l report no	tification)	
For furt	her infor	nation concernic	ng this matter, please call:				
Kathleen Mott		727 at (341-83	89			
		Name	of Contact Person	Area Code	Day	ytime Telephone Number	
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 Tallahassee, FL 32301					
Enclosed		ck for the follow 00 Filing Fee	ring amount: 3 30.00 Filing Fee & Certificate of Status	☐ \$155,00 Filin Certified Copy	ng Foe &	□ \$160.00 Filing Fee, Certif of Status & Certified Copy	icate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

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 7 Sub	USINESS IN THE STATE OF FLORIDA 1, LLC reign Limited Liability Company; mus		sility Company," "L.L.C.," o	r"LLC.")
(If name unavailable, enter a Liability Company," "L.L.C,	ilternate name adopted for the purpose	e of transacting busines	s in Florida. The alternate na	me must include "Limited
2. Delaware	, 0. 550.)	3. Applied for		
(Jurisdiction under the law company is organized)	of which foreign limited liability	3	(FEI number, if applicable	>)
,			•	
T	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, if prior to	registration.)	
5. 333 Third Avenue N.,	Suite 400	0903, 1 .3. to determine		
St. Petersburg, FL 3370				TALLAHASSER
	(Street Address of P	- '		强富工
6	· · · · · · · · · · · · · · · · · · ·			一题。
				SSE T
	(Mailing A	Address)		PH 3: 05
7. Name and street address	ss of Florida registered agent: (P.6	O. Box <u>NOT</u> accepta	ble)	100 A
Name:	CT Corporation System			
Office Address:	1200 South Pine Island Road			· · · · · ·
	Plantation		, Florida 33324 (Zip code)	
7 5	(City)	direction of the section of the sect	(Zip code)	_
this application, I hereby	gistered agent and to accept servi accept the appointment as registe statutes relative to the proper and	ered agent and agree	to act in this capacity. I.	further agree to comply n familiar with and accept iddiny
	(Registe	red agent's signature)		_
8. The name, title or capa	city and address of the person(s)	who has/have authoria	y to manage is/are:	
Christopher S	. Moench, CEO of D	CR Mortgage	7 Sub 1, LLC	
jurisdiction under the law of the translator must be su	Signature	rtificate is in a foreign Out of an authorized person	language, a translation of	f the certificate under oath
submitted in a document to	in accordance with section 605.02 the Department of State constitute	203 (1) (b), Florida St es a third degree felon	atutes. I am aware that any ly as provided for in s.817	/ false information .155, F.S.

Christopher S. Moench

Typed or printed name of signee

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "DCR MORTGAGE 7 SUB 1, 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 THIRD DAY OF AUGUST, A.D. 2015.

2015 AUG -5 PM 3: 05
SECRETARY OF STATE
ASECRETARY OF STATE

5767005 8300

151123546

AUTHENTY CATION: 2609701

DATE: 08-03-15

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