

**m1500009312** 004

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

11/11/15  
Filing connected  
Application and  
Rejection  
Letter.

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : NRAI SERVICES, LLC  
Account Number : I20080000104  
Phone : (302) 674-4089  
Fax Number : (302) 674-5266

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: natalie@holdenlawoffices.com

**Foreign Limited Liability Company**

**DSA Land, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Help NOV 19 2015

**S MASON**



November 19, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

NRAI SERVICES, LLC  
VIA FAX

SUBJECT: DSA LAND, LLC  
REF: W15000075901

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable : "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is N07000012051 DSA LAND, INC..

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.

Stacey M Mason  
Regulatory Specialist II

FAX Aud. #: H15000275851  
Letter Number: 715A00024439

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

**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. DSA Land, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
DSA Land of Missouri, LLC

(If name unavailable, enter 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. Missouri**

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

**4.**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 22701 County Road 320

Clarkton, MO 63837

(Street Address of Principal Office)

6. 22701 County Road 320

Clarkton, MO 63837

(Mailing Address)

**7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: Diane L. Flanagan, Asst. Secretary  
(Registered agent's signature)

**8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:**

Darren R. Smith, Manager, 22701 County Road 320, Clarkton, MO 63837

**9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)**

D. R. Smith  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Darren R. Smith

Typed or printed name of signee

# STATE OF MISSOURI



**Jason Kander  
Secretary of State  
CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING**

I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

*DSA Land, LLC*  
*LC001416387*

was created under the laws of this State on the 20th day of August, 2014, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 18th day of November, 2015.

A handwritten signature of Jason Kander in black ink, with "KANDER" written vertically next to "Secretary of State".

Certification Number: CERT-11182015-0055

