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FEB 01 2016 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

Please see andosed date

November 3, 2015

DAVID BURGER 1483 CHAIN BRIDGE RD STE 103 MCLEAN, VA 22101

SUBJECT: DB TITLE, LLC Ref. Number: W15000072519

We have received your document for DB TITLE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 215A00023292

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COVER LETTER

Division of Corporations
SUBJECT: DB Title
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
DAVID BURGER Name of Person
DB TITIE LLC Firm/Company
1483 Chain Brudge Rd., Ste. 103 Tom
McLean, VA 22101 City/State and Zip Code
City/State and Zip Code
City/State and Zip Code dburger odbtitle//c.com E-meil address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAVID BULLER at (30) 801-0532 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\frac{1}{2}\$\$125.00 Filing Fee \$\bigcup \frac{1}{2}\$\$130.00 Filing Fee & Certificate of Status \$\bigcup \frac{1}{2}\$\$ Certified Copy \$\bigcup \frac{1}{2}\$\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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 DBT; + 12, 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 nam Liability Company," "L.L.C," or "LLC.")	
2 VIRGINIA 3 45-2220776	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4. SULY 2015	_
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 1483 Chain Bridge Rd., Ste. 103	_
Mc Lean, VA 22101 (Street Address of Principal Office)	_
6. 1483 Chain Bridge Rd., 5to. 103	_
McLean, VA 22101 (Mailing Address)	-
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	- 돌설 대
Name: Layne Kramer	ইন্ত্ৰ ব
44 54	2 - Z
Office Address. 10 700 100	49 - B
Plantation, Florida 33324 (Zip code)	- 426
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liabi	tity edmoan with the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in the	is capacity. I further agree
to complywith the provisions of all statutes relative to the proper and complete performance of my duties accept the obligations of my position as registered agent.	, ana 1 am jamiliar with and
(Registered agent's signature)	_
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
	<u></u>
DAVID BURGER MANAGING MEMBER	
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 translator must be submitted)	, the certificate under bath
1) Li Bring	_
Signature of an authorized person	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817	false information .155, F.S.

AVID BUNGEN
Typed or printed name of signee

Commondoealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That DB TITLE, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is May 17, 2011; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

FILED

SECRET FOR OF STATE
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Signed and Sealed at Richmond on this Date: January 27, 2016

Joel H. Peck, Clerk of the Commission