## MICOCOCO 367

| (Address)                               |  |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |  |
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| 1047 1.110-0051                         |  |  |  |  |  |  |  |
| 04 W10-9251 Office Use Only             |  |  |  |  |  |  |  |

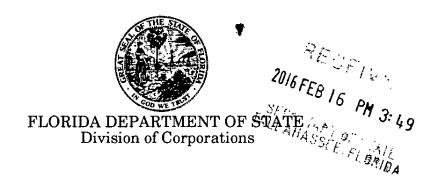


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SECRETARY FRANCE

FEB 18 2016 S. YOUNG



February 5, 2016

DANIEL KALINA 217 SOUTHWEST CHANDLER TERRACE PORT SAINT LUCIE, FL 34984 US

SUBJECT: DAK VENTURE GROUP, LLC

Ref. Number: W16000009251

We have received your document for DAK VENTURE GROUP, 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: 316A00002556

www.sunbiz.org

## **COVER LETTER**

|  | Registration<br>Division of C   |              |   |                                    |              |   | ,           |
|--|---------------------------------|--------------|---|------------------------------------|--------------|---|-------------|
| SUBJEC   |                                 | NTURE GR     | OUP, LLC  |                                    |              |   | _           |
|  | <del>-</del>                    | •            | Name of I   | imited Liability (                 | Company      |   | -           |
|  |                                 |              | gn Limited Liability Comp<br>to register the above refere   |                                    |              |   |             |
| Please ret   | um all corres                   | pondence co  | ncerning this matter to the   | following:                         |              |   |             |
|  | Dan                             | iel Kalina   |   |                                    |              |   |             |
|  | <del></del>                     |              | Na  | me of Person                       |              | · · · · · · · · · · · · · · · · · · ·           | -           |
| -  |                                 |              | r:  | m/Company                          |              |   | -           |
| Firm/Company   |                                 |              |   |                                    |              |   |             |
|  | 217 Southwest Chandler Terrace  |              |   |                                    |              |   |             |
|  | Address                         |              |   |                                    |              |   | _           |
|  | Port                            | Saint Lucie, | FL. 34984   |                                    |              |   | _           |
|  |                                 |              | City/St   | ate and Zip Code                   |              |   | -           |
|  | danie                           | kalina@hotr  | nail.com  |                                    |              |   |             |
|  |                                 |              | E-mail address: (to be used   | for future annual                  | report notif | fication)                                       | - デック<br>で: |
| For furthe   | r information                   | concerning   | this matter, please call:   |                                    |              |   | 商品          |
| ]  | Daniel Kalin                    |              |   | 772<br>_at (                       | 418-481      | 2 (1) (2) (3) (3) (4)                           | FILED       |
|  |                                 | Name of      | Contact Person  | Area Code                          | Dayti        | ime 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 |                                    |              | 5: 09   |             |
|  | is a check for<br>■ \$125.00 Fi |              | ng amount:  ☐ \$130.00 Filing Fee &  Certificate of Status  | ☐ \$155.00 Filir<br>Certified Copy | ng Fee &     | ☐ \$160.00 Filing Fee, of Status & Certified Co |             |

## 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. DAK VENTURE GRO (Name of Fore   | UP, LLC ign Limited Liability Company; must includ   | e "Limited Liability Company," "L.L.C     | .," or "LLC.")               |  |  |  |
|--|--|---|------------------------------|--|--|--|
| (If name unavailable, enter all<br>Liability Company," "L.L.C,"  | ternate name adopted for the purpose of tran   | sacting business in Florida. The alternat | e name must include "Limited |  |  |  |
| 2. Nevada  | 3.   |   |                              |  |  |  |
| (Jurisdiction under the law  | (Jurisdiction under the law of which foreign limited liability (FEI number, if application                                       |   |                              |  |  |  |
| company is organized)  n/a   |  |   |                              |  |  |  |
| 4. IVa   | (Date first transacted business in Flo   | orida, if prior to registration.)         |                              |  |  |  |
| 5. 217 Southwest Chandle   | (See sections 605.0904 & 605.0905, F.  | S. to determine penalty liability)        |                              |  |  |  |
| Port Saint Lucie, FL. 3  | 4984   |   |                              |  |  |  |
|  | (Street Address of Principal   | Office)                                   |                              |  |  |  |
| 6. 217 Southwest Chandle   | т Теттасе  |   | <del></del>                  |  |  |  |
| Port Saint Lucie, FL. 3  | 4984   |   |                              |  |  |  |
| <del>- · · · · · · · · · · · · · · · · · · ·</del>   | (Mailing Address)  |   |                              |  |  |  |
| 7. Name and street address   | s of Florida registered agent: (P.O. Box   | NOT acceptable)                           | <b>产</b> 名 <b>6</b>          |  |  |  |
|  | Business Filings Incorporated  |   | 国語 田 エ                       |  |  |  |
| Name:  |  | <del></del>                               |                              |  |  |  |
| Office Address:  | 1200 South Pine Island Road  | <del></del>                               | <b>治主</b> 一                  |  |  |  |
|  | Plantation, Florida  | , Florida 33324                           |                              |  |  |  |
|  | (City)   | (Zip code                                 | <u>a)</u> [ [ ]              |  |  |  |
| this application, I hereby   | gistered agent and to accept service of p<br>accept the appointment as registered ag<br>statutes relative to the proper and comp | gent and agree to act in this capacit     | y. I further agree to comply |  |  |  |
|  | Blennot Lutter, (Registered ag   | asst Scretary ent's signature)            | <del>\</del>                 |  |  |  |
| 8. The name, title or capa   | city and address of the person(s) who ha   | as/have authority to manage is/are:       |                              |  |  |  |
| Daniel Kalina, Manager,  | 217 Southwest Chandler Terrace, Po   | rt Saint Lucie, FL. 34984                 |                              |  |  |  |
|  |  |   |                              |  |  |  |
|  | of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted)  Signature of an au               | e is in a foreign language, a translati   |                              |  |  |  |
| emit de constant de la constant de l | _  | •   |                              |  |  |  |
|  | in accordance with section 605.0203 (1) the Department of State constitutes a th   |   |                              |  |  |  |

Typed or printed name of signee

Daniel Kalina

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, **DAK VENTURE GROUP**, **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 January 11, 2016, and is in good standing in this state.

AL OF THE STATE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 25, 2016.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160125-1794
You may verify this electronic certificate
online at http://www.nvsos.gov/

Aller der 3-3

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