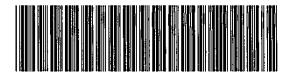
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(Req	uestor's Name)			
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PICK-UP	☐ WAIT	MAIL			
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JUN 23 2016 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 23, 2016

LINDSAY FELLOWS 246 ANDOVER STREET 3RD FLOOR PEABODY, MA 01960

SUBJECT: DPAC LASSO LLC Ref. Number: W16000044949

We have received your document for DPAC LASSO 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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: 816A00013263

SECRETARY OF STATE TALL AHASSEE. FLORIDI

COVER LETTER

то:	Registration Section Division of Corporations	1		•	
SUBJI	DPAC LASSO LLC		,		
		ame of Limited Liability C	ompany		
Please	return all correspondence concerning this matter	er to the following:			
	LINDSAY FELLOWS				
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:				- "	
		•			
		Firm/Company		TAPET SECTION	
	246 ANDOVER STREET, 3RD FL	OOR		是語	
	Address				
	PEABODY, MA 01960		·	PH F.	
		City/State and Zip Code		39 福州	
	TOM@CITYLIGHTUSA.COM			· .	
	E-mail address: (to	be used for future annual	report notification)		
For fur	ther information concerning this matter, please	call:			
	LINDSAY FELLOWS		977-0300		
	Name of Contact Person		Daytime 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		
Enclos	ed is a check for the following amount: \$\text{\$\sum \$\sum \$\text{\$\sum \$\text{\$\text{\$\text{125.00 Filing Fee}}}}\$ Certificate of State		g Fee & \$160.00 Filing Fee, of Status & Certified C		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIBA.

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:

If name unavailable, enter alter Liability Company," "L.L.C," on NEVADA. [Jurisdiction under the law of company is organized]	mate name adopted for the purpose of "LLC.")	f transacting busines	s in Florida. The alternate name	must include "Limited
NEVADA . (Jurisdiction under the law of company is organized)	r "LLC.")	•		
(Jurisdiction under the law of company is organized)				
company is organized)		3,	<u>:</u>	·
1	which foreign limited liability		(FEI number, if applicable)	·
10777 W TWAIN AVE,	(Date first transacted business (See sections 605.0904 & 605.090 SUITE 225	in Florida, if prior to 05, F.S. to determin	registration.) e penalty liability)	
LAS VEGAS, NV 89135		, , , , , , , , , , , , , , , , , , ,		
	(Street Address of Prin	ncipal Office)		
6				====
	•		•	5 E
	(Mailing Ado	dress)		Ju AH
7. Name and street address	of Florida registered agent: (P.O.	Box NOT accept	able)	
	SHARON HARLEY	20% [132.12400p.		1
Name:			-	PH
Office Address:	7978 LAKE WILSON ROAD		-	PH 1: 39
	DAVENPORT	,	33896 ~	H 4: 39
- Registered agent's accepta	(City)		(Zip code)	•
designated in this application complywith the provision accept the obligations of my 8. The name, title or capaci	stered agent and to accept service on, I hereby accept the appointme is of all statutes relative to the pre ip position as registered agent. (Registered ity and address of the person(s) where	ent as registered a oper and complete d agent's signature)	gent and agree to act in this e performance of my duties,	capacity. I further agre
PETER SOUHLERIS	nago		,	
DESI SOUHLERIS MA	nago	·		
	U		· .	
9. Attached is a certificate of jurisdiction under the law of of the translator must be sub	f existence, no more than 90 days which it is organized. (If the certimitted)	old, duly authentic	cated by the official having cugn language, a translation of t	ustody of records in the the certificate under oath

Typed or printed name of signee

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, **DPAC LASSO 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 June 14, 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 June 20, 2016.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20160620-0072
You may verify this electronic certificate
online at http://www.nvsos.gov/