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(Re	questor's Name)					
(Address)						
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
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2016 SEP -7 PK % 17

K.SALY EXAMINER SEP - 9 ALBERT CORRADA, CPA 2655 LEJEUNE RD, STE. 902 CORAL GABLES, FL 33134

SUBJECT: DACC GROUP LLC Ref. Number: W16000048235

We have received your document for DACC 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.

Karen A Saly Regulatory Specialist II

Letter Number: 616A00014527

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	DACC Group LLC					
Name of Limited Liability Company						
The en Exister	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate, and check are submitted to register the above referenced foreign limited liability company to transact business in Flor	of				
Please	eturn all correspondence concerning this matter to the following:					
	Albert Corrada					
	Name of Person					
	Albert Corrada, CPA					
Firm/Company						
2655 LeJeune Road, Suite 902						
	Address					
Coral Gables, FL 33134						
	City/State and Zip Code					
	acorrada@corradacpa.com					
E-mail address: (to be used for future annual report notification)						
For fu	ner information concerning this matter, please call:					
	Albert Corrada 305 804-8569 at (
	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, FI. 32301					
Enclos	d is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate Copy Certificate of Status Certified Copy 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:

DACC Group LLC	SINESS IN THE STATE OF FLORIDA: ign Limited Liability Company; must in	clude "Limited Lia	ability Company." "L.L.C.," or	LLC.")
(If name unavailable, enter al	ternate name adopted for the purpose of	transacting busine	ss in Florida. The alternate nam	e must include "Limited
Liability Company," "L.L.C."	'or "LLC.")	01 2757005		
2. Delaware (Inrisdiction under the law)	of which foreign limited liability	3. 81-2757995	(FEI number, if applicable)	
company is organized)	or water foreign milited mading,		(1 b) manipol(i) approacto,	
4	(Date first transacted business in	. Elasida Wasian t	o negistration \	-
2655 Lulaymy Bood S	(See sections 605,0904 & 605,090	5, F.S. to determin	ne penalty liability)	
5. 2655 LeJeune Road, Si	inte 902			
Coral Gables, FL 3313	4			Fig. 1
2000 1 1 1 1 1 1 1 1	(Street Address of Princ	cipal Office)		TALLANDESEE, FLARIE
6. 2655 LeJeune Road, Su	ite 902			
Coral Gables, FL 3313	4			る。
	(Mailing Add	ress)		
7. Name and street addres	s of Florida registered agent: (P.O. I	Box <u>NOT</u> accep	table)	
Name:	Albert Corrada		_	
Office Address:	2655 LeJeune Road, Suite 902		_	•
	Coral Gables		Florida 33134	
	(City)		(Zip code)	•
designated in this applicate to complywith the provision to the complex ton	gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the pro my position as registered agent	ne as registered of per and complet	agent and agree to act in thi e performance of my duties	s capacity. I further agree
	(Registered	l agent's signature;)	
8. The name, title or capa	icity and address of the person(s) wh	o has/have autho	rity to manage is/are:	
Andrea Salazar, Member;	David Naranjo, Member; Christian	Salazar, Member	r: Claudia Jaramillo, Membe	<u>r</u>
	of existence, no more than 90 days of which it is organized. (If the certiful library of a Signature of a	ficate is in a forei	ign language, a translation of	
	Signature of a	in authorized perso	on	
	in accordance with section 605.0202 the Department of State constitutes			

Typed or printed name of signee

David Naranjo

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DACC GROUP 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 FIRST DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DACC GROUP LLC" WAS FORMED ON THE TWELFTH DAY OF MAY, A.D. 2016.





Authentication: 202928592

Date: 09-01-16

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SR# 20165628731