

M/6000009238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

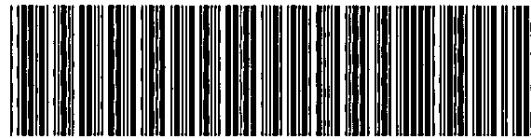
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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MAY 17 2017
S. YOUNG

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 MAY 16 PM 3:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DSA Capital Group, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald S. Aumen
Name of Person

DSA Capital Group, LLC
Firm/Company

122 E. Mt. Airy Rd
Address

Dillsburg PA 17019
City/State and Zip Code

aumenfamilly@verizon.net
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Don Aumen at (717) 578-3220
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DSA Capital Group, LLC

Enter new principal office address, if applicable: 122 E. Mt. Airy Rd

Dillsburg PA 17019
**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: same

**(Mailing address
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M16000009238

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 11-14-16

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SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:
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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Pennsylvania

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Donald S Aumen

Signature of the authorized representative

Donald S Aumen

Typed or printed name of signee

Filing Fee: \$25.00

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

April 19, 2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY, That from an examination of the indices and Records of this Department, it appears that on March 15, 2017, a Statement of Domestication was filed pursuant to the laws of the Commonwealth of Pennsylvania, whereby DSA Capital Group, LLC, a Nevada limited liability company, converted to a Pennsylvania limited liability company which remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY, That this shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.

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SECRETARY OF STATE
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IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Pedro A. Contes

Secretary of the Commonwealth

Certificate Number: TML170417TC1233-1

Verify this certificate online at <https://www.corporations.pa.gov/order/verify>

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

04/19/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

DSA Capital Group, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC170419121214-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>