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| PICK-UP WAIT MAIL |
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| (Document Number) |
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| Special Instructions to Filing Officer: |
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| 1017-24294 |

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03/21/17--01016--028 **375.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

D BRUCE APR 03 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2017

BRANDON J. RAFOOL 1519 THIRD STREET SE WINTER HAVEN, FL 33880

SUBJECT: DC SMITH RENTAL LLC

Ref. Number: W17000024294

2017 MAR 30 PM 3: 81

We have received your document for DC SMITH RENTAL LLC and your check(s) totaling \$375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 517A00005412

SECRETARY OF STATE

www.sunbiz.org

COVER LETTER

| | | tration Section on of Corporation | ıs | | | | | | |
|-----------------------|---------------------------|---|--|---|--|---|------------------------|---------------------|----------------------------|
| SUBJEC | | OC SMITH RENTA | AL, LLC | | | | | | |
| SUBJEC | | | Name of | Limited Liability (| Company | | | | |
| The encl Existence | osed " e, and | Application by For check are submitte | eign Limited Liability Comp d to register the above refer | oany for Authoriza enced foreign limit | ition to Tra ted liability | nsact Business company to tr | in Florid ansact bu | la," Cer Isiness | tificate of in Florida. |
| Please re | eturn a | II correspondence of | concerning this matter to the | following: | | | | | |
| | | Brandon J. Raf | ool | | | | | | |
| | | | N | ame of Person | | | | | |
| | | Brandon J. Raf | ool, LLC | | | | | | |
| | | | F | irm/Company | | ,, | | | |
| | | 1519 Third Str | ect SE | | | | | | |
| | | | | Address | | - - | | | |
| | | Winter Haven, | FL 33880 | | | | | | |
| | | | City/S | tate and Zip Code | | | | _ | |
| | | UFM@tampabay | | | | | | | |
| | | | E-mail address: (to be use | d for future annual | report not | ification) | | | |
| For furth | ner info | ormation concernin | g this matter, please call: | | | | SEI TALL | 2017 | |
| | Julie | Cochran | | 863 at (| 299-33 | 39 | JRET AHA | HAR. | |
| | | Name o | of Contact Person | Area Code | Day | time Telephone | : Mumbe | rΨ | |
| | Divisi Regis P.O. I | LING ADDRESS: ion of Corporations tration Section Box 6327 massee, FL 32314 | | | Division of Registrati Clifton B 2661 Exe | ADDRESS: of Corporations on Section uilding cutive Center C ee, FL 32301 | OF STATE | Lii & d | |
| Enclosed | | theck for the follow 25.00 Filing Fee | ving amount: \$\Boxed{\Pi}\$ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filii Certified Copy | ng Fee & | □ \$160.00 F of Status & C | | | cate |

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:

| If name unavailable, enter a | ilternate name adopted for the purpose | e of transacting business | s in Florida. The alternate n | ame must include * | Limited |
|---|---|--|---|-----------------------|------------------|
| Liability Company," "L.L.C | ," or "LLC.") | | | | |
| Wyoming | of which foreign limited liability | 3. 82-0800999 | (FEI number, if applicab | 1 | |
| company is organized) | of which foreign limited flability | | (FE) number, ii applicao | (e) | |
| March 14, 2017 | | | | | |
| | (Date first transacted busines (See sections 605.0904 & 605.0 | ss in Florida, if prior to 0905, F.S. to determine | registration.) penalty liability) | | |
| 5. 4290 Hagan Road | | | | | |
| Polk City, FL 33868 | | | | | |
| | (Street Address of P | rincipal Office) | | | |
| 5. 4290 Hagan Road | | | | 7 <u>7</u> 8 | |
| Polk City, FL 33868 | | | | 2017 M SECR | |
| | (Mailing A | \ddress) | | MAR ORE TA | منيسون منيسون |
| 7. Name and street addre | ss of Florida registered agent: (P. | O. Box NOT accepta | able) | R 31 TARY TASSE | FIELS II |
| | Brandon J. Rafool, Attorney | | | H. F. TO | |
| Name: | | | - | | |
| Office Address: | 1519 Third Street SE | - | 3: 47 STATE ORIDA | | |
| | Winter Haven | | 33880 | ∑ 1 | |
| | THIRE HAVEN | | _, Florida | | |
| | (City) | | , Florida(Zip code) | | |
| designated in this applicate or complywith the provis | (City) ptance: egistered agent and to accept serv ution, I hereby accept the appoint ions of all statutes relative to the my position as registered agent. | ment as registered ag | , Florida (Zip code) e above stated limited lid gent and agree to act in | this capacity. If | urther agr |
| Having been named as r lesignated in this applic o complywith the provis accept the obligations of | (City) ptance: egistered agent and to accept serv ution, I hereby accept the appoint ions of all statutes relative to the my position as registered agent. (Registe | proper and complete | (Zip code) e above stated limited liagent and agree to act in performance of my dute | this capacity. If | urther agr |
| Having been named as r lesignated in this applic to complywith the provis accept the obligations of 8. The name, title or cap | (City) ptance: egistered agent and to accept serv ation, I hereby accept the appoint ions of all statutes relative to the p my position as registered agent. (Registation and address of the person(s) | ment as registered approper and complete ered agent's signature; who has/have author | (Zip code) e above stated limited liagent and agree to act in performance of my dute | this capacity. If | urther agr |
| Having been named as r lesignated in this applic to complywith the provis accept the obligations of 8. The name, title or cap | (City) ptance: egistered agent and to accept serv ution, I hereby accept the appoint ions of all statutes relative to the my position as registered agent. (Registe | ment as registered approper and complete ered agent's signature; who has/have author | (Zip code) e above stated limited liagent and agree to act in performance of my dute | this capacity. If | urther agr |
| Having been named as relesignated in this applic to complywith the provisuccept the obligations of the name, title or cap Don C. Smith | ptance: egistered agent and to accept servation, I hereby accept the appointations of all statutes relative to the finy position as registered agent. (Registered and address of the person(s)) Tammie Ann Smith Manage | ment as registered approper and complete ered agent's signature; who has/have author | (Zip code) e above stated limited liagent and agree to act in performance of my dute | this capacity. If | urther agr |

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

DC Smith Rentals, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 1, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000734383**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 14th day of March, 2017 at 8:06 AM. This certificate is assigned 022487532.



Secretary of Wate

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.