

m170000002880

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H170000913493)))



H170000913493ABC1

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
Fax Number : (954) 208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

Foreign Limited Liability Company  
DMP FL LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

2017 APR -4 AM 10:47

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

FILED  
2017 APR -4 A 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S Warren**

APR 05 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DMP FL LLC**

\_\_\_\_\_  
Name of Limited Liability Company

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:

JAYNE MCGIVNEY

\_\_\_\_\_  
Name of Person

ROBERTS MCGIVNEY ZAGOTTA LLC

\_\_\_\_\_  
Firm/Company

55 W. MONROE ST., STE 1700

\_\_\_\_\_  
Address

CHICAGO, IL 60603

\_\_\_\_\_  
City/State and Zip Code

JMCGIVNEY@RMCZLAW.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAYNE MCGIVNEY

\_\_\_\_\_  
Name of Contact Person

312

251-2293

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
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:*

1. DMP FL LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 38-3985257

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 160 GREENTREE DRIVE, SUITE 101

DOVER, DE 19904

(Street Address of Principal Office)

6. 4301 W. BOY SCOUT BLVD., SUITE 690

TAMPA, FL 33607

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: STEPHEN POHLMAYER

Office Address: 4301 W. BOY SCOUT BLVD., SUITE 690

TAMPA

(City)

Florida 33607

(Zip code)

Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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.*

Stephen Pohlmeier  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

JAMES L. TYREE, 4301 W. BOY SCOUT BLVD., SUITE 690, TAMPA, FL 33607 TITLE: MANAGER

MICHAEL J. TYREE, 4301 W. BOY SCOUT BLVD., SUITE 690, TAMPA, FL 33607 TITLE: MANAGER

ENZO D'ANGELO, 4301 W. BOY SCOUT BLVD., SUITE 690, TAMPA, FL 33607 TITLE: MANAGER

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

ENZO D'ANGELO  
Signature of authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ENZO D'ANGELO  
Typed or printed name of signer

FILED  
 APR 4 2017  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA


DMP FL LLC  
4301 Boy Scout Blvd., Suite 690  
Tampa, Florida 33607

Florida Secretary of State

To Whom It May Concern:

The undersigned authorized signatory of DMP FL LLC, a Florida limited liability company (the "Company"), hereby consents to the use of the name "DMP FL LLC" by the Delaware limited liability company whose Application By Foreign Limited Liability Company For Authorization To Transact Business In Florida is attached hereto. The Company has no members and was dissolved on March 29, 2017. A filed copy of the Articles of Dissolution of the Company are enclosed.

Very truly yours,

  
Enzo D'Angelo  
Authorized Signatory

2017 APR -U A 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DMP FL 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 THIRD DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DMP FL LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5869676 8300

SR# 20172217570

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202315966

Date: 04-03-17