# 147000002892

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
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(Doc	ument Number)	
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W17 - 24639



March 22, 2017

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

SUBJECT: DC SMITH FAMILY HOLDING, LLC

Ref. Number: W17000024639

We have received your document for DC SMITH FAMILY HOLDING, 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):

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 817A00005506

#### **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Corporation	ıs				
SUBJECT:	-	Y HOLDING, LLC				
		Name of l	imited Liability Co	mpany		
					nsact Business in Florida," Co company to transact business	
Please return	all correspondence of	concerning this matter to the	following:			
	Brandon J. Raf	ool				
	<del></del>	Ni	ame of Person		<u>.</u>	
	Brandon J. Raf	ool, LLC				
		Fi	rm/Company			
	1519 Third Str	eet SE				
		Address				
	Winter Haven,	FL 33880				
		City/S	tate and Zip Code		· · · · · · · · · · · · · · · · · · ·	
	UFM@tampabay	y.rr.com				
		E-mail address: (to be used	for future annual re	port not	ification)	
For further in	nformation concernin	g this matter, please call:				
Jul	ie Cochran		863 at ()	299-33	39	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314	5	E F C 2	Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	Fee &	☐ \$160.00 Filing Fee, Certiof Status & Certified Copy	ficate

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

				ility Company," "L.L.C" or "		
.iability Company." "L.L.C,				in Florida. The alternate name	e must include "Limite	1
Wyoming		3.	82-0800818			
(Jurisdiction under the law company is organized)	of which foreign limited	f liability		(FEI number, if applicable)	_	
March 14, 2017						
•	(Date first trans	sacted business in Flo	orida, if prior to i	registration.)		
4290 Hagan Road	(See sections ons.			penning naming)		
Polk City, FL 33868						
-	(Street	Address of Principa	l Office)			
. 4290 Hagan Road						
Polk City, FL 33868						
		(Mailing Address	1			
N. 1	CEL 11	•				
Name and street address	_	2	NOT accepta	bie)		
Name:	Brandon J. Rafool,	Attorney				
Office Address:	1519 Third Street SI	E			7	
	Winter Haven			, Florida 33880	APR	
		(City)		(Zip code)		
Registered agent's accep						
esignated in this applica	ition, I hereby accept ions of all statutes rela	the appoi <mark>ntme</mark> nt a utive to the proper	s registered ag	above stated limited liabilient and agree to act in this performance of my duties,	capacity. I further	agr
		(Registered pge	ent's signature			
B. The name, title or cap Don C. Smith 、Manur		•	as/have authori	ty to manage is/are:		
1290 Hagan Rd	4290 Hagan Rd	Manager	<del></del>		<del> </del>	
Polk City, FL 33868	Polk City, FL 33868					
				nted by the official having c		

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.

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 Family Holding, 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 **2016-000734394**.

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 8:05 AM. This certificate is assigned 022487330.



Secretary of State

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.