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DIVISION OF CORPORATIONS
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M. MILLIGAN

JUN 06 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2017

DAN POLICASTRO, ESQ.
THE LAW OFFICE OF DAN POLICASTRO, P.L.
355 W. VENICE AVE
VENICE, FL 34285

SUBJECT: DJR & ASSOC., LLC
Ref. Number: W17000043461

We have received your document for DJR & ASSOC., 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):

The registered agent must sign accepting the designation.

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 417A00010253

DAN POLICASTRO ATTORNEY AT LAW

The Law Office of Dan Policastro, P.L.

The Snyder Law Building
355 West Venice Avenue
Venice, FL 34285
dan@danpolicastrolaw.com
Tel: (941) 882-4367
Fax: (941) 485-8163
<http://danpolicastrolaw.com>

May 30, 2017

VIA PRIORITY MAIL

Division of Corporations
Attn: Michelle Milligan
Post Office Box 6327
Tallahassee, FL 32314

Re: DJR & ASSOC., LLC
Ref. Number: W1700043461
Letter Number: 417A00010253

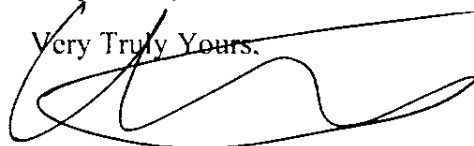
Dear Ms. Milligan,

I represent DJR & ASSOC., LLC. I am in receipt of your letter dated May 22, 2017 in reference to the above Application for Foreign Limited Liability Company for Authorization to Transact Business in Florida. Pursuant to your letter, enclosed please find an Application signed by the registered agent accepting designation.

Please let me know if anything further is needed to process the application. Thank you for your time and attention to this matter.

Respectfully Submitted,

Very Truly Yours,



Dan Policastro

DPP

Enclosures: Application signed by Registered Agent; Letter Number 417A00010253

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DJR & ASSOC., 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:

Dan Policastro, Esq.

Name of Person

The Law Office of Dan Policastro, P.L.

Firm/Company

355 W. Venice Ave.

Address

Venice, FL 34285

City/State and Zip Code

dan@danpolicastrolaw.com

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

For further information concerning this matter, please call:

Dan Policastro

Name of Contact Person

at (941)

Area Code

882-4367

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. DJR & ASSOC., LLC

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

2. State of Washington

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

3. _____

(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. 207 N. I St.

(Street Address of Principal Office)

Tacoma, WA 98403-1925

6. 207 N. I St.

(Mailing Address)

Tacoma, WA 98403-1925

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

Name: Dan Policastro, Esq.

Office Address: 355 W. Venice Ave.

Venice, FL 34285

(City)

Florida 34285

(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.

(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Manager

Deborah Rosen

207 N. I St.

Tacoma, WA 98403-1925

(Use attachments if necessary)

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)

Signature of an authorized person

10. 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.

Deborah Rosen

Typed or printed name of signer

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE

OF

DJR & ASSOC., LLC

I FURTHER CERTIFY that the records on file in this office show that the above named entity
was formed under the laws of the State of Washington and that its public organic record
was filed in Washington and became effective on 1/25/2013.

I FURTHER CERTIFY that the entity's duration is Perpetual,
and that as of the date of this certificate, the records of the Secretary of State
do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected
through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary
of State for filing and that proceedings for administrative dissolution are not pending.

Date: May 12, 2017

UBI: 603-268-342

Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

