# M17000005668

(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:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number)  Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
g concern	Special Instructions to Filing Officer
	openie na stationa to minigramical
W17-54489	W12-54489

Office Use Only



06/28/17--01020--008 \*\*130.00

17 JUL -3 AM II; 49

JUL 0 5 2017

Y SULKER



June 30, 2017

DAVID REINIKAINEN 1314 E LAS OLAS BLVD, STE 33301 FORT LAUDERDALE, FL 33301

SUBJECT: DIAJ GROUP LLC Ref. Number: W17000054489

We have received your document for DIAJ GROUP LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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: 717A00013316

#### COVER LETTER

TO:	Registration Section Division of Corporation	ns		
SUBJI	ECT:		FROU Limited Liability Company	PLLC
The en Exister	closed "Application by Fonce, and check are submitted	reign Limited Liability Comp ed to register the above refere	eany for Authorization to Tra enced foreign limited liability	nsact Business in Florida," Certificate of company to transact business in Florida.
Please	return all correspondence	concerning this matter to the	following:	
		David 1	<u>REINIKAIN</u> ame of Person	P.N
		DIAJ G	FROUP LL	
		1314 E.	LAS OLA	S BLUP. STE. 1138
		FORT LAU City/Si	NDERD ALE tate and Zip Code	S BLUP. STE. 1138 FLORIDA 3330
		E-mail address: (to be used	AJENOUP, d for future annual report not	LOM ification)
For fu	rther information concerni	ng this matter, please call:		
	DAVID RE	Of Contact Person	_at ( <u>954</u> ) <u>7</u> Area Code Day	time Telephone Number
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding accutive Center Circle see, FL 32301
Enclos	sed is a check for the follow ☐ \$125.00 Filing Fee	wing amount:  \$\infty \forall \forall 130.00 \text{ Filing Fee & }  Certificate of Status	<del>-</del>	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

	ON 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY INESS INTHE STATE OF FLORIDA;
1.	DIAJ Group LLC
(Name of Foreign Li	mited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	e adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
	3. 81-3738854 (FET number, if applicable)
4. JUNE	26, 2017 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F S to determine penalty liability)
1214 6	(See sections 605.0904 & 605.0905, F S to determine penalty liability)
5. (Street Address of Prin	CAS OLAS BLUD STE 1138 6. 1314 C. LAS OLAS BLUD STE 1158 (Mailing Address)
FONT LAU	LAS OLAS BLUD STE 1138 6. 1314 E. LAS OLAS BLUD STE 158 (Mailing Address)  LOENDALE, FL 33301 FONT LANDENDALE, FL 3330
7 Name and street address	of Florida registered agent: (P.O. Box NOT acceptable)
Name	Davis Relativelated
Name:	FONT LAND ENDALE, Florida 33301 (City) (Zip code)
Office Address: _	1319 E. LAS OLAS BLUD STE. 1100
-	TONT LAND ENDAVE, Florida 33301 (Zip code)
designated in this application to comply with the provision	stered agent and to accept service of process for the above stated limited liability company to the place on, I hereby accept the appointment as registered agent and agree to act in this capacity. Turther agree as of all statutes relative to the proper and complete performance of my duties, and familiar with of my position as registered agent.
	(Registered agent's signature)
8. The name, title or capacity:	ity and address of the person(s) who has/have authority to manage is/are:  Name and Address:  Title or Capacity:  Name and Address:
President	DAVID REINIKAINEN  1314 E. LAS OLAS BLUP STE. 1138  FONT LAUDENBALE, PL 33301
(Use attachments if necessa	ry)
	f existence, no more than 90 days old, duly authenticated by the official having custody of records in the which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath mitted)
	the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
	Signature of an authorized person
	Davin REINIZAINEN

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,

### **DIAJ Group LLC**

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 9, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000706151**.

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 5th day of July, 2017 at 11:14 AM. This certificate is assigned 023516416.



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.