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| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | · · · · · · · · · · · · · · · · · · · | | | |
| PICK-UP WAIT | MAIL | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | s | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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2017 JUL 11 AM 8: 38 SECRETARY OF STATE

K. SALY JUL 1 2 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 | | | | | | |
|--|--|--|--|--|--|--|
| REFERENCE : 714411 4328337 | | | | | | |
| AUTHORIZATION Capiello Ble Man | | | | | | |
| COST LIMIT :\\$\(160.00 | | | | | | |
| ORDER DATE : July 7, 2017 | | | | | | |
| ORDER TIME : 1:16 PM | | | | | | |
| ORDER NO. : 714411-005 | | | | | | |
| CUSTOMER NO: 4328337 | | | | | | |
| | | | | | | |
| FOREIGN FILINGS | | | | | | |
| NAME: DLB CAPITAL, LLC Y | | | | | | |
| XXXX QUALIFICATION (TYPE: <u>LL</u>) | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| XX CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING | | | | | | |

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

TO:

Registration Section

| Div | ision of Corporation |) IIS | | | | |
|--|-----------------------------------|--|---|---|--|--|
| SUBJECT: | DLB Capital, LLC | | | | | |
| 0000001. | Name of Limited Liability Company | | | | | |
| | | | | ransact Business in Florida," Certificate of ty company to transact business in Florida. | | |
| Please return | all correspondence | concerning this matter to the | following: | | | |
| | Douglas L. Br | own | | | | |
| | Name of Person | | | | | |
| | DLB Capital, | LLC | | | | |
| | Firm/Company | | | | | |
| | 459 NE 5th Ave., Suite 409 | | | | | |
| | Address | | | | | |
| | Delray Beach, Florida 33483 | | | | | |
| | City/State and Zip Code | | | | | |
| | dlb@dlbcapital. | com | | | | |
| | | E-mail address; (to be use | d for future annual report no | tification) | | |
| For further in | formation concerning | ng this matter, please call: | | | | |
| Ste | ven Taibl | _ | 412 269-49 at () | | | |
| | Name | of Contact Person | Area Code Da | ytime 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 | | | | |
| | check for the follow | ving amount: ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & 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: L. DLB Capital, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") DLB Capital Investments, 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. Delaware (Junisdiction under the law of which forcign limited liability correctly is organized) (FEI number, if applicable) 4. June 1, 2017 Date first transacted husiness in Florids, if prior to registration.)
See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 459 NE 5th Ave. 459 NE 5th Ave. (Street Address of Principal Office) Suite 409 Suite 409 Delray Beach, Florida 33483 Delray Beach, Florida 33483 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee, Florida 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. Melissa Zender Asst. Vice Presidem 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: Managing Member Douglas L. Brown 459 NE 5th Avc., Suite 409 Delray Beach, Florida 3348 (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) 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.

Typed or printed name of signee

Douglas L. Brown

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DLB CAPITAL, 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 SEVENTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DLB CAPITAL,

LLC" WAS FORMED ON THE EIGHTH DAY OF JUNE, A.D. 2006.

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





4157069 8300 SR# 20175131254 Authentication: 202844618

Date: 07-07-17