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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

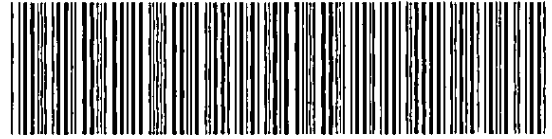
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 AUG 24 P 4: 46
STATE COURT OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

D BRUCE
AUG 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DPC Installations 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:

Damon Paul Conway
Name of Person

DPC Installations LLC
Firm/Company

1339 Polaris Dr.
Address

Mobile, AL 36693
City/State and Zip Code

Damon Conway 27041@gmail.com
E-mail address: (to be used for future annual report notification)

2017 AUG 24 P 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Damon Conway at (213) 640-6218
Name of Contact Person 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. DPC Installations 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. 04/17/17 Alabama 3. 52-1298922
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 1339 Polaris Dr. 6. 1339 Polaris Dr.
(Street Address of Principal Office) (Mailing Address)
Mobile, AL Mobile, AL
36693 36693

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

Name: Damon Paul Conway
 Office Address: 210 E. Fowler Ave.
Tampa Florida 33598
(City) (Zip code)

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 2017 AUG 24 P 1:18
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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.

[Signature]
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Damon Conway</u> <u>1339 Polaris Dr.</u> <u>Mobile, AL 36693</u>	<u>Owner</u>	<u>1339 Polaris Dr</u> <u>Mobile, AL</u> <u>36693</u>
_____	_____	_____	<u>Damon Conway</u>
_____	_____	_____	_____

(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.17.155, F.S.

[Signature]
Signature of an authorized person
Damon Paul Conway
Typed or printed name of signer

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that DPC Installations LLC was formed in Mobile County, Alabama on April 17, 2017. The Alabama Entity Identification number for this entity is 390-042. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.



20170824000019014

08/24/2017

Date

John H. Merrill

Secretary of State