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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (950) 617-6383

From:  
Account Name : SPIEGEL & UTRERA, P.A.  
Account Number : FCA000000001  
Phone : (305) 354-6000  
Fax Number : (305) 860-2076

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
DME DIRECT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2017 SEP 18 PM 2:16

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED  
17 SEP 18 AM 9:38  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

S. WARREN

SEP 19 2017

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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. DME DIRECT 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. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-527560  
(FEI number, if applicable)
4. UPON FILING  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0901 & 605.0903, F.S., to determine penalty liability)
5. 37 North Orange Avenue  
(Street Address of Principal Office)  
#710  
Orlando, Florida 32801
6. 37 North Orange Avenue  
(Mailing Address)  
#710  
Orlando, Florida 32801
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: SPIEGEL & UTRERA, P.A.
- Office Address: 1840 SW 22nd Street, 4th Floor  
Miami, Florida 33145  
(City) (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.

By Natalia Utrera Natalia Utrera, Vice President  
(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            | David Michael<br>37 N. Orange Avenue #790<br>Orlando, FL 32801   |                    |                   |
| Manager            | Alexander Simao<br>37 N. Orange Avenue #790<br>Orlando, FL 32801 |                    |                   |

(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.

David Michael  
Signature of an authorized person  
Typed or printed name of signer

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "DME DIRECT 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2017.



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SR# 20176170500

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203233960

Date: 09-15-17

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