

m170000008631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

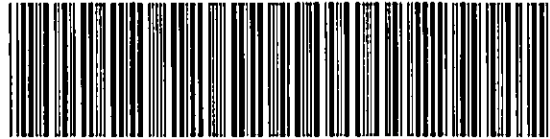
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W17-72823 NOT AVAILABLE + RA Sign

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17 OCT -9 AM 9:42

CLERK OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

OCT 10 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 6, 2017

BRENDA TIRREL  
JZ SERVICES, LLC  
5212 S WESTWIND AVE.  
SIOUX FALLS, SD 57108

SUBJECT: CDSC, LLC  
Ref. Number: W17000072823

2017 OCT -9 AM 11:24  
TALLAHASSEE, FLORIDA

We have received your document for CDSC, 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 name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L10000060616 "CDSC, LLC".

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 517A00018416

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CDSC, 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:

Brenda Tirrel

\_\_\_\_\_  
Name of Person

JZ Services, LLC

\_\_\_\_\_  
Firm/Company

5212 S Westwind Ave

\_\_\_\_\_  
Address

Sioux Falls, SD 57108

\_\_\_\_\_  
City/State and Zip Code

btirrel@jzservices.com

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

For further information concerning this matter, please call:

Brenda Tirrel

800

670-6312

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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. CDSC, LLC

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

GoCDSC, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited  
Liability Company," "LLC," or "LLC.")

2. U.S. Virgin Islands

3. 66-0828592

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

(FEI number, if applicable)

4.

10/1/2017  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5322 Yacht Haven Grande, Suite 205, #53

St. Thomas, USVI 00802

(Street Address of Principal Office)

6. 5322 Yacht Haven Grande, Box 53 Suite 205, #53

St. Thoams, USVI 00802

(Mailing Address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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: C T Corporation System

(Registered agent's signature) Kristen Lichvarcik, Asst. Secretary

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

Jeffrey D. Fetterhoff, Manager

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

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.

Jeffrey D. Fetterhoff

Typed or printed name of signee

FILED  
17 OCT -9 AM 9:42  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**GOVERNMENT OF  
THE VIRGIN ISLANDS OF THE UNITED STATES**

**-O-**

CHARLOTTE AMALIE, ST. THOMAS, VI 00802

**OFFICE OF THE LIEUTENANT GOVERNOR**

**CERTIFICATE OF EXISTENCE**

To Whom These Presents Shall Come:

I, OSBERT E. POTTER, Lieutenant Governor of the Virgin Islands, do hereby certify:

That **CDSC, LLC formerly: CDSC FINANCE & TRADING, LLC** filed Articles of Organization with the Office of the Lieutenant Governor on **OCTOBER 7, 2014** and the Company is duly organized under the laws of United States Virgin Islands:

*That the duration of this Limited Liability Company is at-will;*

That the company has paid all applicable fees to date; and

That Articles of Termination have not been filed by the company.

In Witness Whereof, I have hereunto set my hand and affix the seal of the Government of the United States Virgin Islands, at Charlotte Amalie, this 8<sup>th</sup> day of August, A.D. 2017.



**OSBERT E. POTTER**  
Lieutenant Governor of the Virgin Islands

