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(Re	equestor's Name)				
(Address)					
(Ad	dress)				
(Cit	ty/State/Zip/Phone	: #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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2017 CCT 25 PER N. 62

U. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: DDS 13 CONSULTING SERVICES 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:				
JOHANNES DE SWART. Name of Person				
DD13 CONSULTING SERVICES LLC				
2101 CANTERBURY DRIVE WEST				
PALM BEACH GARDENS, FLORIDA, 33418-8204 City/State and Zip Code				
dds 13 Consultingservices @ gmail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
JOHANNES DE SWART at (561) 339-6262/ Name of Contact Person Area Code Daytime Telephone Number				
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee. FL 323142661 Executive Center CircleTallahassee, FL 32301				
Enclosed is a check for the following amount: \$\Bigsup \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$				

2101 Canterbury Drive West

Palm Beach Gardens

PA 18954

October 19, 2017

Division of Corporations

Registration Section

P.O. Box 6327

Tallahassee

FL 32314

Re: DDS 13 Consulting Services LLC

Dear Sir/Madam

I sent in all my documents (copies attached) to register my LLC in the State of Florida some two weeks ago.

I was advised by your office that my application was rejected pending your receipt of a Subsistence Certificate from the Commonwealth of Pennsylvania. Please find same attached.

Please let me know as soon as possible when my filing is complete.

Sincerely

Johannes de Swart



October 11, 2017

JOHANNES DE SWART 2101 CANTERBURY DRIVE WEST PALM BEACH GARDENS, FL 33418-8204

SUBJECT: DDS 13 CONSULTING SERVICES LLC

Ref. Number: W17000080938

We have received your document for DDS 13 CONSULTING SERVICES LLC and your check(s) totaling \$125.00. 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 417A00020545

2917 00T 23 PH to 02

$\widehat{\text{APPLICATION}}$ BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPIDANCE WITH SECTION 6 COMPANYTO TRANSACT BUSINESS		DELOWING IS SCIBMITTED TO REGIS	IER A FOREKIN TIMITED HABILITY
1. DDS: 13 C	ONSULTING SEI	RVICES LLC d Liability Company," "LLC.," or "LLC."	
(Name of Foreign Limited	. Liability Company; must include "Limited	d Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adop	oted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Lic	ability Company," "L.L.C," or "L.L.C.")
2. STATE OF P	ENNSYLUANIA gn limited liability company is organized)	3. 6555663	<u> </u>
(Jurisdiction under the law of which fores	gn limited liability company is organized)	(FEI nur	iber, if applicable)
4	N A.		
	ate first transacted business in Florida, if prior to re- ce sections 605,0904 & 605,0905, F.S. to determine	· · · · · · · · · · · · · · · · · · ·	_
5. 2101 CANTERS	BURY DRIVE WEST	6. 2101 CANTE	RBURY DRIVE WES H GARDENS
	H GARDENS	PALM BEAC	H GARDENIC
FLORIDA, 334		FLORIDA 3	
· · · · · · · · · · · · · · · · · · ·		<u> </u>	3 / 3 2 2 7
7. Name and street address of Fl	lorida registered agent: (P.O. Box	NOT acceptable)	
Name: Jo	HANNES DE	SWART	
210	L CANTERBURY	DRIVE WEST FNS Florida 3344	
Office Address:	P CINVIERBURY	DRIVE WEST	
<u>{ f}</u>	LM DEACH GAXDE	NS . Florida <u>3344</u>	<u>8-</u> 8204
Registered agent's acceptance:	1		
		process for the above stated limited	
		s registered agent and agree to act and complete performance of my	
and accept the obligations of m	y position as registered agent.		
	\sim \sim \sim	land	
	(Registered agent's s	signature)	
	nd address of the person(s) who ha		
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
MANAGING	JOHANNES DE SI 2101 CANTERBURY PALM BEACH GARS	NART.	
	PALM BEACH GARS	L DRIVE NO EST DENS	
	FLORIDA 33418 - 82	04	20 1
		_	
(Use attachments if necessary)		_	
·			2.0
		duly authenticated by the official has in a foreign language, a transla	
of the translator must be submitted	-	e is in a foreign language, a transia	non of the certificate under oath
10 This down 1 is some 1 is			
		(b), Florida Statutes. I am awa and degree felony as provided for in	
	T	~	
	Signature	of an authorized person	 _
<u> </u>	JOHANNES DE	SWART	
	Typed or	printed name of signee	

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

10/19/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

DDS 13 Consulting Services LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC171019121061-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify