141700000967-8

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	IP WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instruction	s to Filing Officer:	
1. · ·	2 (1	124
 		1-) (
	Office Use Only	



100305005981

10/30/17--01023--002 **160.00

61:8 PY 51 16N B

NOV 1 5 2017 Y SULKER



BY:

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2017

KATHLEEN MOTT 333 THIRD AVENUE N STE 400 ST PETERSBURG, FL 33701 US

SUBJECT: DCR7NY, LLC Ref. Number: W17000087139

We have received your document for DCR7NY, LLC and your check(s) totaling \$160.00. 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 417A00022014

COVER LETTER

TO:

Registration Section

Division of Corpor	ations			
DCR7NY, LLC	:			
SUBJECT:	Name of	Limited Liability (Company	**
The enclosed "Application b Existence, and check are sub	y Foreign Limited Liability Com mitted to register the above refer	pany for Authoriza renced foreign limit	tion to Tra ed liability	ansact Business in Florida," Certificate o y company to transact business in Florid
Please return all corresponde	nce concerning this matter to the	following:		
Kathleen ?	dott			
	, <u>, , , , , , , , , , , , , , , , , , </u>	lame of Person		
Directed C	aptital			•
	F	irm/Company		
333 Third	Avenue N., Suite 400			
		Address		
St. Petersb	urg, FL 33701			
	City/S	State and Zip Code		 _
kathleen.mo	tt@directedcapital.com			
	E-mail address: (to be use	d for future annual	report no	tification)
For further information cone	eming this matter, please call:			
Kathleen Mott		727 at (341-83	89
Na	me of Contact Person	Area Code	Day	ytime Telephone Number
MAILING ADDRI Division of Corpora Registration Section P.O. Box 6327 Tallahassee, FL 323	tions		Division Registrat Clifton E 2661 Exc	r ADDRESS: of Corporations ion Section Building coutive Center Circle see, FL 32301
Enclosed is a check for the fo		S155.00 Filin 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 MANSACT BUSINESS IN THE STATE OF FLORIDA:

ume and as able, enter alternate r	some a lopted for the purpose of transacting trustness in Flor	rida. The alternate name must include "Limited	Labisty Company, "I. L.C." or "ELC"
Delaware		3. 82-1589243	
Derivation on for the law of w	fach for eign limited Cabi ity company is organized)	of fall n	umber, d'applicable)
	(Date first transacted becauses at allocada, if prior to to the contains 6-5 to 4 to 6 + 3 to 65 to 8 to determine	registration) as penalty fact this (
333 Ther.! Avenue N. !		5. Same	
333 Third Avenue N.: scen Address or		Change	A Literal
St. Petersburg, FL 337	01		
Name and street address	ss of Florida registered agenti (P.O. Box Cogency Global Inc.	NOT acceptable)	
			
Office Address:	115 N. Calhour, St. Suite 4		
		* 3 2711	
signuted in this applice comply with the provis	Tallahassee (Cag) otance: egistered agent and to accept service of p ution. I hereby accept the appointment a ions of all statutes relative to the proper us of my position as registered agent.	s registered agent and agree to t	ted liability company at the place in this capacity. I further (
wing been named us re signated in this applica comply with the provis al accept the obligation of the name, title or cap	ocase stance: registered agent and to accept service of partion. I hereby accept the appointment a sions of all statutes relative to the proper as of my position as registered agent. Maisa Luc (Regional agents) acity and address of the person(s) who ha	process for the above stated limits registered agent and agree to a and complete performance of a selman, Asst. Secre	ted liability company at the plact in this capacity. I further only duties, and I am familiar we have
wing been named us resignated in this application this application of accept the obligation. The name, title or cap. Title or Capacity:	otance: egistered agent and to accept service of pation. I hereby accept the appointment actions of all statutes relative to the proper is of my position as registered agent. Marisa Yua (Registrial agent's) acity and address of the person(s) who have	process for the above stated limits registered agent and agree to a and complete performance of a selmance of a selmance.	ted liability company at the placet in this capacity. I further way duties, and I am familiar was tary. **Name and Address:
wing been named us re signated in this applica comply with the provis al accept the obligation of the name, title or cap	ocase stance: registered agent and to accept service of partion. I hereby accept the appointment a sions of all statutes relative to the proper as of my position as registered agent. Maisa Luc (Regional agents) acity and address of the person(s) who ha	process for the above stated limits registered agent and agree to a and complete performance of a selman, Asst. Secre against a school authority to manage is an Title or Capacity:	ted liability company at the plact in this capacity. I further only duties, and I am familiar we have
wing been named us resignated in this application this application of accept the obligation. The name, title or cap. Title or Capacity:	ocase stance: registered agent and to accept service of pation. I hereby accept the appointment accept so fall statutes relative to the proper as of my position as registered agent. Marisa Yua (Registred agent's accept and address: Christopher S. Moench 333 Third Avenue N. Ste 400	process for the above stated limits registered agent and agree to a and complete performance of a selman, Asst. Secre against a school authority to manage is an Title or Capacity:	ted liability company at the placet in this capacity. I further way duties, and I am familiar was tary. **Name and Address:
wing been named us resignated in this application this application of accept the obligation. The name, title or cap. Title or Capacity:	ocase stance: registered agent and to accept service of pation. I hereby accept the appointment accept so fall statutes relative to the proper as of my position as registered agent. Marisa Yua (Registred agent's accept and address: Christopher S. Moench 333 Third Avenue N. Ste 400	process for the above stated limits registered agent and agree to a and complete performance of a selman, Asst. Secre against a school authority to manage is an Title or Capacity:	ted liability company at the placet in this capacity. I further way duties, and I am familiar was tary. **Name and Address:
iving been named as resignated in this application the provisal accept the obligation. The name, title or cap. Title or Capacity: CEO	otance: egistared agent and to accept service of pation. I hereby accept the appointment actions of all statutes relative to the proper is of my position as registered agent. Mansa Yu (Registed agents) acity and address of the person(s) who have and Address: Christopher S. Moench 333 Third Avenue N. Ste 400 St. Petersburg, Fl. 33701	process for the above stated limits registered agent and agree to a and complete performance of a selman, Asst. Secre against a school authority to manage is an Title or Capacity:	ted liability company at the placet in this capacity. I further way duties, and I am familiar was tary. **Name and Address:
iving been named as resignated in this application this application with the provisid accept the obligation. The name, title or cap Title or Capacity: CEO	ocase stance: legistared agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper is of my position as registered agent. Marisa Yumanisa Address: Christopher S. Moench 333 Third Avenue N. Ste 400 St. Petersburg, FL 33701	process for the above stated limits registered agent and agree to a and complete performance of a selman, Asst. Secre against a selman, Title or Capacity:	ted liability company at the placet in this capacity. I further way duties, and I am familiar was a second with the placet in this capacity. I further way duties, and I am familiar was a second with the placet in this capacity. I further was a second with the placet in this capacity was a second with the placet in this capacity. I further was a second with the placet in this capacity. I further was a second with the placet in this capacity. I further was a second with the placet in this capacity. I further was a second with the placet in this capacity. I further was a second with the placet in this capacity. I further was a second with the placet in this capacity. I further was a second with the placet in this capacity. I further was a second with the placet in this capacity. I further was a second with the placet in this capacity. I further was a second with the placet in this capacity. I further was a second with the placet in the placet
iving been named as resignated in this application this application with the provisid accept the obligation. The name, title or cap Title or Capacity: CEO Ese attachments if neces.	ocase stance: egistared agent and to accept service of pation. I hereby accept the appointment usions of all statutes relative to the proper is of my position as registered agent. Mansa Yul (Registred agent's accept and Address: Christopher S. Moench 333 Third Avenue N. Ste 400 St. Petersburg, Fl. 33701 et of existence, no more than 90 days old, of which it is organized. (If the certificat	concess for the above stated limits registered agent and agree to a and complete performance of a selman, Asst. Secre against a school and complete performance is an Title or Canacity:	ted liability company at the placet in this capacity. I further way duties, and I am familiar was a Name and Address:

Typed or printed father of sicrice



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

DELAWARE, DO HEREBY CERTIFY "DCR7NY, 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 EIGHTH DAY OF NOVEMBER, A.D. 2017.

Authentication: 203542445

Date: 11-08-17