

m180000000538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

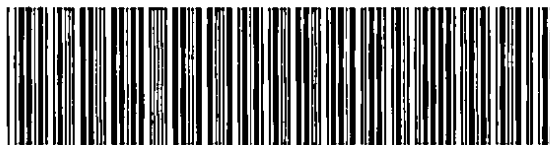
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RA 550
CFA MATCH W17000101840

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12/26/17--01036--013 **125.00

FILED
18 JAN 17 PM 4:29
U.S. DEPT. OF JUSTICE

S. WARREN

JAN 18 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2017

BRITT GOURLEY
3333 LEE PARKWAY #606
DALLAS, TX 75219

SUBJECT: DNOBPO, LLC
Ref. Number: W17000101840

We have received your document for DNOBPO, 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 registered agent must sign accepting the designation.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 017A00026184

COVER LETTER

**TO: Registration Section
Division of Corporations**

DNOBPO, LLC

SUBJECT: _____
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:

Britt Gourley

Name of Person

DNOBPO, LLC - c/o Crosslake Group

Firm/Company

3333 Lee Parkway #606

Address

Dallas, TX 75219

City/State and Zip Code

bgourley@crosslake.org

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

For further information concerning this matter, please call:

Britt Gourley

917

510-3787

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:

DNOBPO, 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."

Delaware

3. 32-0542268

(FEI number, if applicable)

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

December 27, 2017

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

601 North Congress Avenue

6. (Same)

(Street Address of Principal Office)

(Mailing Address)

Delray Beach, FL 33445

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

Name:

Karl Bucholz

Office Address:

601 North Congress Avenue

Delray Beach

, Florida 33445

(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.

*

(Registered agent's signature)

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:

Karl Bucholz

601 North Congress Ave.

President/Co-Manager

Delray Beach, FL 33445

Britt Gourley

c/o Crosslake Group LLC

Co-Manager

3333 Lee Parkway #606

Dallas, TX 75219

(Use attachments if necessary)

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)

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.

Signature of an authorized person

Karl Bucholz

Typed or printed name of signer

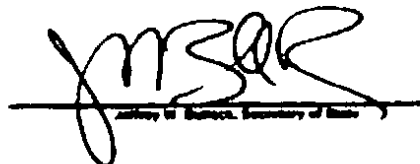
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DINOBO 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 TWENTIETH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.


Jeffrey W. Bullock, Secretary of State

6533175 8300

SR# 20177688539

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203799836

Date: 12-20-17