M18000005149

(Re	questor's Name)	
(Ac	ldress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





100313389801

05/25/18-01023--020 **125.00

18 HAY 25 PH 12: 17

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

JC5 5.71-18

COVER LETTER

TO:

Registration Section

Division of	of Corporation	S			
SUBJECT: Daho	LLC				
		Name of	Limited Liability (.'ompany	
					insact Business in Florida," Certificate of company to transact business in Florid
Please return all co	rrespondence c	oncerning this matter to the	following:		
		Willia	am Chadwick		
_		, N	lame of Person		
-		, tr	irm/Company		
		r	inn/Company		
_		412 W	/. Country Lane		
			Address		
		Collins	ville, IL 62234		
_		City/S	State and Zip Code		
		wchadmd@gmail	.com		
		E-mail address: (to be use	ed for future annual	report not	ification)
For further informa	ntion concerning	g this matter, please call:			
	William C	hadwick	at (<u>618</u>) 830-2	2680
		f Contact Person	Area Code	Day	time Telephone Number
	G ADDRESS:				ADDRESS:
	of Corporations				of Corporations ion Section
P.O. Box	on Section			Clifton B	
	ee. FL 32314			2661 Exc	ecutive Center Circle see, FL 32301
Enclosed is a check	c for the follow 0 Filing Fee	☐ \$130.00 Filing Fee &	□ \$155.00 Filir	ng Fee &	□ \$160.00 Filing Fee, Certificate
		Certificate of Status	Certified Copy		of Status & Certified Copy

$^\prime$ APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

•

IN COMPLIANCE WITH SECTION 005,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	nda. The alternate name must include "Limited Li	fability Company," "L.L.C," or "LLC."
Alaska Oursdiction under the law of w	hich foreign limited hability company is organized)	3(FE1 mm	nber, it applicable)
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration) ne penalty liability)	
1231 W. Northern L	ights Blvd. #911	6. 412 W. Country Lane)
(Street Address of a Anchorage, AK 995		(Mailing Ad Collinsville, IL 6223	idress)
			
	ss of Florida registered agent: (P.O. Box Allison Chadwick	NOT acceptable)	•
Name:	-		≅ :
Office Address:	668 N. Orange Ave., Apt 2214		A
	Orlando	, Florida 32801	?3
		, Piorida <u>v=vv</u>	
ving been named as reignated in this application with the provis	(Civ) ctance: egistered agent and to accept service of p ation, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	caps process for the above stated limite is registered agent and agree to ac and complete performance of my	t in this capacity. I file the
wing been named as resignated in this application comply with the provis	(Ciy) Stance: Egistered agent and to accept service of pation, I hereby accept the appointment alions of all statutes relative to the proper	orocess for the above stated limite is registered agent and agree to act and complete performance of my	t in this capacity. I file the
ving been named as resignated in this applica comply with the provis d accept the obligation	otance: egistered agent and to accept service of pation. I hereby accept the appointment alions of all statutes relative to the proper s of my position as registered agent. (Registered agent's	czipsoprocess for the above stated limite is registered agent and agree to act and complete performance of my AW signature)	t in this capacity. I file the
iving been named as resignated in this applica comply with the provis d accept the obligation	otance: egistered agent and to accept service of pation, I hereby accept the appointment at ions of all statutes relative to the proper s of my position as registered agent.	czipsoprocess for the above stated limite is registered agent and agree to act and complete performance of my AW signature)	t in this capacity. I file the
ving been named as reignated in this application this application of the provision of the control of the contro	otance: egistered agent and to accept service of pation. I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's active and address of the person(s) who have	orocess for the above stated limite is registered agent and agree to act and complete performance of my signature)	t in this capacity. I juithe duties, and I am familiar
ving been named as reignated in this application of the provision of the control of the control of the name, title or capacity:	otance: egistered agent and to accept service of pation. I hereby accept the appointment accept so the proper sof my position as registered agent. (Registered agent's accity and address of the person(s) who have and Address:	orocess for the above stated limite is registered agent and agree to act and complete performance of my signature)	t in this capacity. I juithe duties, and I am familiar
wing been named as resignated in this applicated in this applicate omply with the provisual accept the obligation. The name, title or caparity: Member	otance: egistered agent and to accept service of pation. I hereby accept the appointment actions of all statutes relative to the proper s of my position as registered agent. (Registered agent's accity and address of the person(s) who has a Name and Address: William Chadwick 412 W County Lane Collinsville, IL 62234	orocess for the above stated limite is registered agent and agree to act and complete performance of my signature)	t in this capacity. I juithe duties, and I am familiar
ving been named as reignated in this application of the provision of the control of the control of the name, 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 s of my position as registered agent. (Registered agent's active and address of the person(s) who has a Name and Address: William Chadwick 412 W. Country Lane Collinsville. IL 62234 Christine Chadwick	orocess for the above stated limite is registered agent and agree to act and complete performance of my signature)	t in this capacity. I juithe duties, and I am familiar
ving been named as reignated in this application of the provision of the provision of the name, title or caparity: Member	otance: egistered agent and to accept service of pation. I hereby accept the appointment actions of all statutes relative to the proper s of my position as registered agent. (Registered agent's accity and address of the person(s) who has a Name and Address: William Chadwick 412 W County Lane Collinsville, IL 62234	orocess for the above stated limite is registered agent and agree to act and complete performance of my signature)	t in this capacity. I juithe duties, and I am familiar
ving been named as reignated in this application of the provision of the provision of the name, title or caparity: Member Member	otance: egistered agent and to accept service of pation. I hereby accept the appointment actions of all statutes relative to the proper s of my position as registered agent. (Registered agent's accity and address of the person(s) who has a Name and Address: William Chadwick 412 W Country Lane Collinsville, IL 62234 Christine Chadwick	orocess for the above stated limite is registered agent and agree to act and complete performance of my signature)	t in this capacity. I juithe duties, and I am familiar
wing been named as resignated in this applicated in this applicate omply with the provised accept the obligation. The name, title or caparity: Member Member	cotance: egistered agent and to accept service of pation. I hereby accept the appointment actions of all statutes relative to the proper status of my position as registered agent. (Registered agent's accity and address of the person(s) who has a nearly and address: William Chadwick 412 W. Country Lane Collinsville, IL 62234 Christine Chadwick 412 W. Country Lane Collinsville, IL 62234	orocess for the above stated limite is registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity:	t in this capacity. I fit the duties, and I am familiar Name and Address:
wing been named as resignated in this applicated in this applicated in this applicated accept the obligation. The name, title or caparity: Member Member Attached is a certificate is diction under the law.	otance: egistered agent and to accept service of pation. I hereby accept the appointment actions of all statutes relative to the properts of my position as registered agent. (Registered agent's active and address of the person(s) who has a Name and Address: William Chadwick 412 W. Country Lane Collinsville, IL 62234 Christine Chadwick 412 W. Country Lane Collinsville, IL 62234 Seary) e of existence, no more than 90 days old, of which it is organized. (If the certificat	orocess for the above stated limite is registered agent and agree to accomplete performance of my signature) as/have authority to manage is/are: Title or Capacity:	Name and Address:
wing been named as resignated in this applicated in this applicate comply with the provised accept the obligation. The name, title or caparity: Member Member Member Attached is a certificate is diction under the law the translator must be seen. This document is executive.	contance: registered agent and to accept service of pation. I hereby accept the appointment actions of all statutes relative to the proper of my position as registered agent. (Registered agent's active and address of the person(s) who has a Name and Address: William Chadwick 412 W. Country Lane Collinsville. IL 62234 Christine Chadwick 412 W. Country Lane Collinsville, IL 62234 Christine Chadwick 412 W. Country Lane Collinsville, IL 62234 cof existence, no more than 90 days old, of which it is organized. (If the certificat submitted) cuted in accordance with section 605.029.	czip so process for the above stated limite is registered agent and agree to accomplete performance of my signature) as/have authority to manage is/are: Title or Capacity: duly authenticated by the official has is in a foreign language, a translate is in a foreign language, a translate is in a foreign language.	Name and Address: Name and Address: naving custody of records in ation of the certificate under that any false information
The name, title or cap Title or Capacity: Member Member Attached is a certificate risdiction under the law the translator must be seen. This document is executive.	contance: registered agent and to accept service of pation. I hereby accept the appointment actions of all statutes relative to the proper of my position as registered agent. (Registered agent's accity and address of the person(s) who has a Name and Address: William Chadwick 412 W. Country Lane Collinsville. IL 62234 Christine Chadwick 412 W. Country Lane Collinsville. IL 62234 Christine Chadwick 412 W. Country Lane Collinsville. IL 62234 Christine Chadwick 412 W. Country Lane Collinsville. IL 62234 Christine Chadwick 412 W. Country Lane Collinsville. IL 62234 Christine Chadwick 412 W. Country Lane Collinsville. IL 62234 Christine Chadwick 412 W. Country Lane Collinsville. IL 62234 Christine Chadwick 412 W. Country Lane Collinsville. IL 62234 Christine Chadwick 412 W. Country Lane Collinsville. IL 62234 Christine Chadwick 412 W. Country Lane Collinsville. IL 62234 Christine Chadwick 412 W. Country Lane Collinsville. IL 62234 Christine Chadwick 412 W. Country Lane Collinsville. IL 62234 Christine Chadwick 412 W. Country Lane Collinsville. IL 62234 Christine Chadwick 412 W. Country Lane Collinsville. IL 62234 Christine Chadwick 412 W. Country Lane Collinsville. IL 62234 Christine Chadwick 412 W. Country Lane Collinsville. IL 62234	czip so process for the above stated limite is registered agent and agree to accomplete performance of my signature) as/have authority to manage is/are: Title or Capacity: duly authenticated by the official has is in a foreign language, a translate is in a foreign language, a translate is in a foreign language.	Name and Address: Name and Address: naving custody of records in ation of the certificate under that any false information

Typed or printed name of signee

Alaska Entity #10076253

State of Alaska

Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Dahc, LLC

This entity was formed on January 18, 2018 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.

Mile Marane



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective April 24, 2018.

Mike Navarre Commissioner