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May 15, 2018

DANIEL R BILLINGS 12843 LEGEND LAKES DR ROCOE, IL 61073 US

SUBJECT: D & M BILLINGS, LLC Ref. Number: W18000045884

We have received your document for D & M BILLINGS, 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):

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 the corrected original and one copy of 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.

Letter Number: 618A00010075

Janeice L Smith Regulatory Specialist II Registration Section

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DEM BILLINGS	, LLC
Name of	Limited Liability Company
The enclosed "Application by Foreign Limited Liability Com Existence, and check are submitted to register the above refer	pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the	following:
DANIEL E.	BILLINGS
N	ame of Person
Dim BILL	INGS, LLC
F	rm/Company
12843 LEGEND	CAKES DR
	Address
ROSCOE, 10	tate and Zip Code
City/S	tate and Zip Code
dr62870eg	nail. Com I for future annual report notification)
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please call:	
DANIEL R. DILLINGS	at (B15) 494-0773 Area Code Daytime Telephone Number
Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section	STREET ADDRESS: Division of Corporations Registration Section
P.O. Box 6327	Clifton Building
Tallahassee, Fl. 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy

VREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SCTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY .ACT BUSINESS IN THE STATE OF FLORIDA: OF M BILLINGS LLC

(Name of Foreign Limited Liability Company: must include "Limited Liability Company." "LLC." or "LLC.") DAN I MARCIE BILLINGS, 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 "LL (Jurisduction under the law of which foreign brusted liability company is organized) 3. 02-0777644 (FEI number, if applicable) (Date first transacted business in Horida, (Epitor to registration.)
(See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 5. 2050 RIVER REACH DE (Street Address of Principal Office) 6. 12843 LEGEND CAKES 7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) DANIEL B. BILLINGS Name: Office Address: 2050 RIVER REACH DR, APT 101

NADLES

(City)

Florida 34109 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 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: OWNER Title or Capacity: Name and Address: (Use attachments if necessary) 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 10. 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

File Number

0631221-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

D&M BILLINGS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 30. 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 23RD

day of APRIL A.D. 2018

Authentication #: 1811302846 verifiable until 04/23/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE