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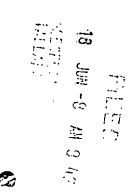
(Re	equestor's Name)	
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COVER LETTER

TO:	Registration Section Division of Corporation	ıs				
SUBJE	Ducommun Properti					
30031	.c.i.		imited Liability (Company		
		eign Limited Liability Comp d to register the above refere				
Please	return all correspondence of	concerning this matter to the	following:			
	Eric Ducommu	n				
		Na	ime of Person			
	Ducommun Pro	operties LLC				
	Firm/Company					
	418 W. Garden	Street, Suite 213, Box 10				
			Address			
	Pensacola, FL 1	32501				
		City/St	ate and Zip Code	_		
	eric@ducommun	properties.com				
		E-mail address: (to be used	l for future annual	report noti	fication)	
For fur	ther information concerning	g this matter, please call:				
	Eric Ducommun		417 _ at (385-795 _)	5	
	Name o	of Contact Person	Area Code	Dayt	ime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Bu Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section silding cutive Center Circle see, FL 32301	
Enclos	ed is a check for the follow ☐ \$125.00 Filing Fee	ing amount: \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin Certified Copy	ig Fee &	☑ \$160.00 Filing Fee. Ce of Status & Certified Cop	

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:

	ame adopted for the purpose of transacting business in Florid	da. The alternate name must include "Limited I	.iability Company," "L.L.C," or "LLC.")
State of Missouri	hich foreign limited liability company is organized)	3. 81-4706685	2 []
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(Ft:) nu	mber, if applicable)
·	(Date first transacted business in Florida, if prior to res	nu terbon i	
	(See sections 605.0904 & 605.0905, F.S. to determine		
4000 S. Rangeline	- College Coll	6. 418 W. Gara	den St.
Joplin, MO	-пистра Опесу	Suite 213	Box 10
64804		Pensacola, FL	325020
		101,540214	
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
	Eric Ducommun	<u> </u>	m &
Name:			
Office Address:	418 W. Garden Street, Suite 213, Box 10)	i i i i i i i i i i i i i i i i i i i
	Pensacola	, Florida <u>32502</u>	
	(City)	(Zip c	
laving been named as re lesignated in this applica o comply with the provisi	vance: gistered agent and to accept service of pr tion, I hereby accept the appointment as i ions of all statutes relative to the proper a s of my position as registered agent.	registered agent and agree to a	ct in this capacity. I further as
laving been named as re lesignated in this applica o comply with the provisi	gistered agent and to accept service of pr tion, I hereby accept the appointment as ions of all statutes relative to the proper a	registered agent and agree to a	ct in this capacity. I further as
Taving been named as re lesignated in this applica o comply with the provisi	gistered agent and to accept service of pr tion, I hereby accept the appointment as ions of all statutes relative to the proper a	registered agent and agree to a and complete performance of m	ct in this capacity. I further as
Having been named as re lesignated in this applica o comply with the provisi and accept the obligation	gistered agent and to accept service of pr tion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent.	registered agent and agree to a and complete performance of m mature)	ct in this capacity. I further agy duties, and I am familiar wil
lesignated in this applica o comply with the provisi and accept the obligation	gistered agent and to accept service of pr tion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent. (Registered agent's sign	registered agent and agree to a and complete performance of m mature)	ct in this capacity. I further agy duties, and I am familiar wil
Having been named as relesignated in this applicate ocomply with the provisional accept the obligation. 8. The name, title or capa	gistered agent and to accept service of pr tion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent. (Registered agent's signacity and address of the person(s) who has	registered agent and agree to a and complete performance of m	ct in this capacity. I further as y duties, and I am familiar wit
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Having been named as reflesignated in this applicate comply with the provisional accept the obligation. 8. The name, title or capa Title or Capacity:	gistered agent and to accept service of pr tion, I hereby accept the appointment as a ions of all statutes relative to the proper a s of my position as registered agent. (Registered agent's signacity and address of the person(s) who has Name and Address: Eric Ducommun	registered agent and agree to a and complete performance of m	ct in this capacity. I further as y duties, and I am familiar wit
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Having been named as relesignated in this applicate or comply with the provise and accept the obligation. 8. The name, title or capaaritie or Capacity: CEO (Use attachments if necessor, Attached is a certificate urisdiction under the law).	gistered agent and to accept service of pr tion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent. (Registered agent's signateity and address of the person(s) who has Name and Address: Eric Ducommun 418 W. Garden Street. Suite 21 Pensacola FL 32502 sary) of existence, no more than 90 days old, do of which it is organized. (If the certificate	registered agent and agree to a and complete performance of manage is/are Title or Capacity: uly authenticated by the official	ct in this capacity. I further as y duties, and I am familiar wing duties, and I am familiar wing and Address: Name and Address:
Having been named as relesignated in this applicate or comply with the provise and accept the obligation. 8. The name, title or capa Title or Capacity: CEO (Use attachments if neces). Attached is a certificate urisdiction under the law of the translator must be so	gistered agent and to accept service of pr tion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent. (Registered agent's signateity and address of the person(s) who has Name and Address: Eric Ducommun 418 W. Garden Street. Suite 21 Pensacola FL 32502 sary) of existence, no more than 90 days old, do of which it is organized. (If the certificate	registered agent and agree to a and complete performance of manage is/are Title or Capacity: uly authenticated by the official is in a foreign language, a transl	tin this capacity. I further asy duties, and I am familiar with the second seco

Typed or printed name of signee

Eric Ducommun, CEO

STATE OF MISSOURY



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my eare and custody reveal that

Ducommun Properties, LLC LC001517868

was created under the laws of this State on the 15th day of December, 2016, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 5th day of June, 2018.

Secretary of State

Certification Number: CERT-06052018-0033

