M 180000005687

(Requestor's Name)
` (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,
•

Office Use Only



400313735474

05/29/18--01031--008 **130.00

2010 JUN | 14 PM 5: 40

B FIGUEROA
JUN 1 8 2018



Division of Corporations

June 4, 2018

TYLER DUNN 10137 RAMBLEWOOD DR CORAL SPRINGS, FL 33071

SUBJECT: DUNN DEAL INVESTMENTS LLC

Ref. Number: W18000052065

We have received your document for DUNN DEAL INVESTMENTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 118A00011528



2018 JUN 14 AM 10: 51
DEPARTMENT OF STATEMENT OF STATEMEN

COVER LETTER

TO: Registration Section
Division of Corporations

	n Deal Investments LLC				
SUBJECT:	Name of	Limited Liability (Сотралу		
The enclosed "Application by For Existence, and check are submitted."					
Please return all correspondence of	concerning this matter to the	following:			
Tyle	r Dunn				
	N	ame of Person		 	
Dun	n Deal Investments LLC				
	F	rm/Company		.	
1013	7 Ramblewodd Dr				
	-	Address			
Cora	Springs / Forida / 33071				
	City/S	tate and Zip Code			•
Tyle	rdunn001@hotmail.com				
	E-mail address: (to be used	d for future annual	report not	ification)	
For further information concerning	g this matter, please call:				
Tyler Dunn		954 at (8:	57-6450	
Name o	of Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301	
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ring amount: \$\Begin{align*} \begin{align*} \begin{align*} \text{Status} \end{align*}	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co	

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:

	nvestments LLC			
(Name of Foreign	Limited Liability Company; must include "Limi	ted Liability Company," "L.L.C.," or "LLC.	")	
15	ame adopted for the purpose of transacting business in F	haids. The alternate name must include "I imited !	ishiba Comen ""I I	I C Tor TU C TO
Utah	ame adopted for the purpose of diseaseting occurses in r	2 82-5435811		ic, w lax.)
	hich foreign limited liability company is organized)	J.	mber, if applicable)	
·	(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to deter	o registration.)		
10421 South Jordan Ga	,		Coral Springs, Fl	orida,
(Street Address of F	rincipal Office)	6. 10137 Ramblewood Dr. C (Mailing Ac	odress) ;	- Bi
South Jordan, UT 8409	25	33071	57 · .	
			in in	<u>⊆</u> .
			.s. <u>≥</u>	= [
. Name and street addres	ss of Florida registered agent: (P.O. Bo	x NOT acceptable)	7.5	P#
Name:	Tyler Dunn		$\mathbb{D}_{\mathcal{F}}$	į
Office Address:	10137 Ramblewood Dr.		ORL	t. Ži
Office Address.	a 10.1			0
	Coral Springs (City)	, Florida 33071		
na accept the obligation	s of my position as registered agent.	er and complete performance of my	y duties, and I a	m familiar
na accept the obligation	s of my position as registered agent. Julez Jun	n	y duties, and I a	m familiar
nu accept the obligation	s of my position as registered agent.	n	y duties, and I a	m familiar
3. The name, title or capa	s of my position as registered agent Sully Sum (Registered agent) Compared agent (Registered agen	's signature) nas/have authority to manage is/are:		m familiar
, -	s of my position as registered agent. Jully June (Registered agent	S signature)		
3. The name, title or capa	Registered agent (Registered agent acity and address of the person(s) who have and Address: Tyler Dunn	's signature) nas/have authority to manage is/are: Title or Capacity:		
3. The name, title or capa Title or Capacity:	Registered agent (Registered agent (Registered agent acity and address of the person(s) who be the person of the p	's signature) nas/have authority to manage is/are: Title or Capacity:		
3. The name, title or capa Title or Capacity:	Registered agent (Registered agent acity and address of the person(s) who be the many states of the person of the	rs signature) nas/have authority to manage is/are: Title or Capacity:		
3. The name, title or capa Title or Capacity:	Registered agent (Registered agent (Registered agent acity and address of the person(s) who have and Address: Tyler Dunn 10137 Ramble we Dr. Coral Springs	rs signature) nas/have authority to manage is/are: Title or Capacity:		
3. The name, title or capa Title or Capacity:	Registered agent (Registered agent (Registered agent acity and address of the person(s) who have and Address: Tyler Dunn 10137 Ramble we Dr. Coral Springs	rs signature) nas/have authority to manage is/are: Title or Capacity:		
The name, title or capa Title or Capacity: Owner	Acity and address of the person(s) who hame and Address: Tyler Dunn 10137 Ramble we Dr. Coral Springs 3307	rs signature) nas/have authority to manage is/are: Title or Capacity:		
3. The name, title or capa Title or Capacity: Owner Use attachments if neces:	acity and address of the person(s) who hame and Address: Tyler Dunn 10137 Ramble we Dr. Coral Springs 3307	's signature) nas/have authority to manage is/are: Title or Capacity: Plot ide	Name and	Address:
3. The name, title or caps Title or Capacity: Owner Use attachments if necess. Attached is a certificate prisdiction under the law-	acity and address of the person(s) who have and Address: Tyler Dunn 10137 Ramble we Dr. Coral Springs 3307 sary) of existence, no more than 90 days old of which it is organized. (If the certification is a sary)	rs signature) nas/have authority to manage is/are: Title or Capacity: Plot ide duly authenticated by the official h	Name and A	Address:
8. The name, title or capa Title or Capacity: Owner (Use attachments if necessors Attached is a certificate curisdiction under the law of the translator must be sure.) O. This document is executed.	acity and address of the person(s) who have and Address: Tyler Dunn 10137 Ramble we Dr. Coral Springs 3307 sary) of existence, no more than 90 days old of which it is organized. (If the certification is a sary)	nas/have authority to manage is/are: Title or Capacity: Odd Florida duly authenticated by the official hate is in a foreign language, a translated is in a foreign language.	Name and A	Address: of records in ficate under
8. The name, title or capa Title or Capacity: Owner (Use attachments if necessors Attached is a certificate curisdiction under the law of the translator must be sure.) O. This document is executed.	s of my position as registered agent. Supplied Supplied	nas/have authority to manage is/are: Title or Capacity: Odd Florida duly authenticated by the official hate is in a foreign language, a translated is in a foreign language.	Name and A	Address: of records in ficate under
8. The name, title or capa Title or Capacity: Owner (Use attachments if necessor). Attached is a certificate urisdiction under the law of the translator must be sure. 0. This document is executed.	sof my position as registered agent. Sulle	nas/have authority to manage is/are: Title or Capacity: Odd Florida duly authenticated by the official hate is in a foreign language, a translated is in a foreign language.	Name and A	Address: of records in ficate under

Typed or printed name of signee



Utah Department of Commerce

Division of Corporations & Commercial Code 160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705

Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

06/11/2018 10822576-016006112018-3271092

CERTIFICATE OF EXISTENCE

Registration Number:

10822576-0160

Business Name:

DUNN DEAL INVESTMENTS, LLC

Registered Date:

May 04, 2018

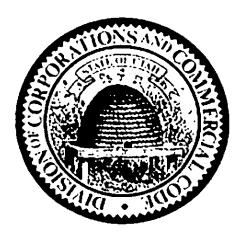
Entity Type:

LLC - Domestic

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Kathy Berg

Harry Bury

Director

Division of Corporations and Commercial Code