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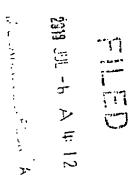
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COVER LETTER

TO:	Registration Section Division of Corporation	ons					
SUBJE	DMCC CHARLES	LLC					
0000		Name of	Limited Liability	Company			
		reign Limited Liability Comed to register the above refer					
Please	return all correspondence	concerning this matter to the	following:				
	Benjamin Swi	fi					
		Λ	lame of Person		· · · · · · · · · · · · · · · · · · ·		
	Swift & Labov	ritz. PLLC					
		F	irm/Company				
	1211 N. Orang	ge Avenue, Suite 103					
			Address				
	Winter Park, F	L 32789					
		City/S	State and Zip Code	:	÷	n n	
	ben@swiftlegalf	1.com				—	
		E-mail address: (to be use	d for future annua	l report no	tification)	· ·	*
For furt	her information concernir	g this matter, please call:					111
	Brian Barwick		407 at (636-88	888		
	Name o	of Contact Person	Area Code	Day	ytime Telephone N	lumber ==	J
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	F ADDRESS: of Corporations ion Section Building ecutive Center Circ see, FL 32301	cle	
Enclose	d is a check for the follow ☐ \$125.00 Filing Fee	ring amount; ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filin of Status & Cert		icate

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:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Lic	ability Company," "L.L C," or "LLC.")			
Delaware		3. 83-0596454				
(Jurisdiction under the law of t	which foreign limited liability company is organized)		iber, if applicable)			
·	(Date first transacted business in Florida, if prior to	rustration.)				
	(See sections 605.0904 & 605.0905, F.S. to determi	ne penalty liability)				
234 N. Westmonte Di	Principal Office)	6. 234 N. Westmonte Drive (Mailing Add	dress)			
Suite 1040 Altamonte Springs, FL 32714		Suite 1040 Altamonte Springs, FL 32714				
Name:	Benjamin Swift	I /				
Office Address:	1211 N. Orange Avenue, Suite 103					
	Winter Park	Florida 32789 (Zip cod				
	(City)	17 in cod	de)			
aving been named as r signated in this applica comply with the provis	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the properties of my position as registered agent.	rocess for the above stated limited registered agent and agree to act and complete performance of my	l liability company at the pla in this capacity. I further a			
aving been named as resignated in this applicated in this application of the obligation of the name, title or cap	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the properts of my position as registered agent. (Registered agents of the person(s) who has	rocess for the above stated limited registered agent and agree to act and complete performance of my (gnature)	I liability company at the pla in this capacity. I further, a duties, and I am familiar wi			
esignated in this application comply with the provisud accept the obligation	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the properts of my position as registered agent. (Registered agents s	rocess for the above stated limited registered agent and agree to act and complete performance of my	I liability company at the pla in this capacity. I further a duties, and I am familiar wi			
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aving been named as resignated in this applicates comply with the provisud accept the obligation. The name, title or capacity: Manager Member Jes attachments if necessity attached is a certificate risdiction under the law the translator must be seen. This document is executed in the second acceptance of the second a	egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the property of my position as registered agent. (Registered agents of my position as registered agents) acity and address of the person(s) who has Name and Address: MSR CHARLES, LP 234 N Westmonte Dr Ste 1040 Altamonte Springs, FL 32714 MSR CHARLES, LP 234 N Westmonte Dr Ste 1040 Altamonte Springs, FL 32714 essary) of existence, no more than 90 days old, do of which it is organized. (If the certificate	rocess for the above stated limited registered agent and agree to act and complete performance of my spanure) Shave authority to manage is/are: Title or Capacity: uly authenticated by the official had is in a foreign language, a translation (1) (b), Florida Statutes, I am awar	Name and Address: Name and Address: ethat any false information			

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DMCC CHARLES LLC" IS DULY FORMED UNDER

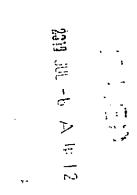
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWELFTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DMCC CHARLES LLC" WAS FORMED ON THE FIFTEENTH DAY OF MAY, A.D. 2018.

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





Authentication: 203049778

Date: 07-12-18