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## COVER LETTER

TO:

то:		stration Section sion of Corporatio	ons					
SUBJE		DMCC WESTMO	NTE LLC					
3010012	C1		Name o	of Limited Liability	Company		_	
			reign Limited Liability Co ed to register the above ref					
Please re	eturn a	all correspondence	concerning this matter to t	he following:				
		Benjamin Swi	fı					
		<u></u>		Name of Person	•		_	
		Swift & Labov	ritz, PLLC					
				Firm/Company			_	
		1211 N. Orang	ge Avenue, Suite 103					
				Address				
		Winter Park, F	L 32789					
			City	/State and Zip Code	?		_	
		ben@swiftlegalf	l.com				6.00	
			E-mail address: (to be us	sed for future annua	l report no	tification)	 	•
For furth	er infe	ormation concerning	ig this matter, please call:				ئے	
	Brian	n Barwick		407 at (	636-88	888	ンニ	•
		Name o	of Contact Person	Area Code	: Da	ytime Telephone Number		
	Divisi Regis P.O. I	LING ADDRESS: ion of Corporations tration Section 30x 6327 nassee, FL 32314			Division Registrat Clifton I 2661 Ex	r ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301		
		heck for the follow 25.00 Filing Fee	ring amount:  \$\Begin{align*} \Begin{align*} \Begin{align*} \Delta \text{130.00 Filing Fee & Certificate of Status} \end{align*}	S155.00 Filin Certified Copy		☐ \$160.00 Filing Fee, C of Status & Certified Co		e

## 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:

	DMCC WESTMONTI (Name of Fereign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")			
(lf n	ame unavailable, enter alternate r	name adopted for the purpose of transacting business in Flori	ida. The alternate name must include "Limited Lia	edity Company," "L.L.C," or "LLC.")		
2	Delaware		3. 83-0597195			
	(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FET numb	ser, if applicable)		
4.		(Date first transacted business in Florida, if prior to re	ruictentian t			
		(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	e penalty linbility)			
5.	234 N. Westmonte Dr	ve	6. 234 N. Westmonte Drive	6. 234 N. Westmonte Drive (Mailing Address)		
(Street Address of Principal Office) Suite 1040			Suite 1040			
	Altamonte Springs, FL	32714	Altamonte Springs, FL 32714			
_	., .		N/GMB			
1.		ss of Florida registered agent: (P.O. Box Benjamin Swift	NOT acceptable)			
	Name:					
	Office Address:	1211 N. Orange Avenue, Suite 103				
		Winter Park	. Florida <u>32789</u>			
		(City)	(Zîp code	) <u>~</u> ?		
1116	I accept the obligation:	s of my position as remistered anent	1			
		by my position as registered agent	K	<i>⊙</i> ;		
			Paul (v.)	・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・		
		(Registered agent's s	mature)			
8.	-	(Registered agent's sincity and address of the person(s) who has	/have authority to manage is/are:	ـــ ن		
8.	The name, title or capa Title or Capacity:	(Registered agent's si				
8.	-	(Registered agent's sincity and address of the person(s) who has Name and Address:  MSR WESTMONTE, LP	/have authority to manage is/are:	ـــ ن		
8.	Title or Capacity:	(Registered agent's specificity and address of the person(s) who has  Name and Address:	/have authority to manage is/are:	ـــ ري		
8.	Title or Capacity:	(Registered agent's sincity and address of the person(s) who has Name and Address:  MSR WESTMONTE, LP  234 N Westmonte Dr Ste 104(	/have authority to manage is/are:	ـــ ري		
8.	Title or Capacity:	(Registered agent's sincity and address of the person(s) who has Name and Address:  MSR WESTMONTE, LP  234 N Westmonte Dr Ste 1040 Altamonte Springs, FL 32714  MSR WESTMONTE, LP	/have authority to manage is/are:	ـــ ن		
8.	Title or Capacity:  Manager	(Registered agent's sincity and address of the person(s) who has Name and Address:  MSR WESTMONTE, LP  234 N Westmonte Dr Ste 104( Altamonte Springs, FL 32714  MSR WESTMONTE, LP  234 N Westmonte Dr Ste 104(	/have authority to manage is/are:	ـــ ن		
	Manager  Member	(Registered agent's sincity and address of the person(s) who has Name and Address:  MSR WESTMONTE, LP  234 N Westmonte Dr Ste 104( Altamonte Springs, FL 32714  MSR WESTMONTE, LP  234 N Westmonte Dr Ste 104( Altamonte Springs, FL 32714	/have authority to manage is/are:	.ــ ن		
(U) . A uri	Title or Capacity:  Manager  Member  se attachments if necess Attached is a certificate	MSR WESTMONTE, LP  234 N Westmonte Dr Ste 104( Altamonte Springs, FL 32714  MSR WESTMONTE, LP  234 N Westmonte Dr Ste 104( Altamonte Springs, FL 32714  MSR WESTMONTE, LP  234 N Westmonte Dr Ste 104( Altamonte Springs, FL 32714  sary)  of existence, no more than 90 days old, dof which it is organized. (If the certificate	Title or Capacity:  uly authenticated by the official have	Name and Address:		
(U: D. A uri of t	Manager  Member  Se attachments if necess Attached is a certificate sdiction under the law on the translator must be st.  This document is execution.	MSR WESTMONTE, LP  234 N Westmonte Dr Ste 104( Altamonte Springs, FL 32714  MSR WESTMONTE, LP  234 N Westmonte Dr Ste 104( Altamonte Springs, FL 32714  MSR WESTMONTE, LP  234 N Westmonte Dr Ste 104( Altamonte Springs, FL 32714  sary)  of existence, no more than 90 days old, dof which it is organized. (If the certificate	thave authority to manage is/are:  Title or Capacity:  uly authenticated by the official havis in a foreign language, a translati  (1) (b), Florida Statutes, I am aware	Name and Address:  ving custody of records in the on of the certificate under oa that any false information		
(U: wri wri of t	Manager  Member  Se attachments if necess Attached is a certificate sdiction under the law on the translator must be st.  This document is execution.	(Registered agent's sincity and address of the person(s) who has Name and Address:  MSR WESTMONTE, LP  234 N Westmonte Dr Ste 104( Altamonte Springs, FL 32714  MSR WESTMONTE, LP  234 N Westmonte Dr Ste 104( Altamonte Springs, FL 32714  sary)  of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted)  atted in accordance with section 605.0203	thave authority to manage is/are:  Title or Capacity:  uly authenticated by the official havis in a foreign language, a translati  (1) (b), Florida Statutes, I am aware	Name and Address:  ving custody of records in the on of the certificate under oach that any false information		

PRADEEP MATHAROO

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "DMCC WESTMONTE 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 WESTMONTE 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: 203049770

Date: 07-12-18

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