## MBOOW9507

(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
(B)	usiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195			
REFERENCE : 451763 4335360			
AUTHORIZATION : Spelbelle man			
COST LIMIT : \$\frac{1}{25.00}			
ORDER DATE : October 19, 2018  ORDER TIME : 1:21 PM  ORDER NO. : 451763-005	· ·		
CUSTOMER NO: 4335360	-	130	eary.
FOREIGN FILINGS  NAME: DH PLT PARTNERS, LLC		2 <mark>.</mark> ∧ b: 3 <b>3</b>	
XXXX QUALIFICATION (TYPE: <u>LL</u> )			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING			
CONTACT PERSON: Emily Croft EXT# 62925			

EXAMINER:

## 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 HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

timine and analysis, clinici and install	nme adopted for the purpose of transacting business	in Florida. The alternate name must include "Limited Liability Company," "L. E.C." or "LLC.")
Delaware		3.
(Jurisdiction under the law of w	high foreign limited liability company is organized)	(FEI number, il applicable)
upon registratoin		
	(Date first transacted business in Florida, if pri (See sections 605 0904 & 605,0905, F.S. to di	not to registration ) determine penalty liability)
400 W. Morse Blvd., S		6. 400 W. Morse Blvd, Suite 220 (Mailing Address)
(Street Address of F Winter Park, FL 32789	·	(Mailing Address) Winter Park, FL 32789
Willer Lark, LC 32702		
. Name and street addres	ss of Florida registered agent: (P.O.	Box NOT acceptable)
Name:	Corporation Service Company	
Office Address:	1201 Hays Street	
	Tallahassee	, Florida 32301 (Zip code)
	(City)	, Florida 32301 C
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	roper and complete performance of my duties, and I am familiar wi
and accept the obligation	s of my position as registered agent Corporation Service Company By:	
nd accept the obligation	s of my position as registered agent Corporation Service Company By:  (Registered ag	Emily Cross
and accept the obligation  8. The name, title or cap.	s of my position as registered agent Corporation Service Company By:  (Registered agent) (Registered agent)	Emily Croft Asst. Vice President
8. The name, title or cap. Title or Capacity:	s of my position as registered agent Corporation Service Company By:  (Registered agent) acity and address of the person(s) when Name and Address:	Emily Croft  Asst. Vice President  Title or Capacity:  Name and Address:
8. The name, title or cap. Title or Capacity:	s of my position as registered agent Corporation Service Company By:  (Registered agent acity and address of the person(s) when the service Mark Michel 400 W. Morse Blvd., Ste	Emily Croft  Asst. Vice President  Title or Capacity:  Name and Address:
8. The name, title or cap. Title or Capacity:	s of my position as registered agent Corporation Service Company By:  (Registered agent acity and address of the person(s) when the service Mark Michel 400 W. Morse Blvd., Ste	Emily Croft  Asst. Vice President  Title or Capacity:  Name and Address:
8. The name, title or cap. Title or Capacity: Manager	s of my position as registered agent Corporation Service Company By:  (Registered ag acity and address of the person(s) wh Name and Address:  Mark Michel  400 W, Morse Blvd., Ste Winter Park, FL 32789	Emily Croft  Asst. Vice President  Title or Capacity:  Name and Address:
8. The name, title or cap.  Title or Capacity:  Manager  (Use attachments if neces	acity and address of the person(s) where Mark Michel  400 W. Morse Blvd., Ste Winter Park. FL 32789	Emily Croft Asst. Vice President Title or Capacity:  Name and Address:
8. The name, title or cap.  Title or Capacity:  Manager  (Use attachments if necess)	acity and address of the person(s) who Name and Address:  Mark Michel  400 W, Morse Blvd., Ste Winter Park, FL 32789  ssary)  e of existence, no more than 90 days of which it is organized. (If the certification of the content of the certification of the certifi	Emily Croft  Asst. Vice President  Title or Capacity:  Name and Address:

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "DH PLT PARTNERS, 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 NINETEENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DH PLT PARTNERS, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF OCTOBER, A.D. 2018.

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

201 0CT 22 A b: 38

Authentication: 203649094

Date: 10-19-18

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