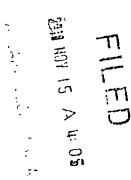
MBCOODSIGLE

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

Office Use Only



800321046248



OVISION OF SECULORATIONS

11/6/18 25



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: J20000000088

Date: November 15, 2018		Account#: 120000000088	
Name: KEN HO	WELL_		
Reference #:1	015475		
Entity Name:	DSSB, LLC		
_	tion/Authorization to Transa	act Business	
Amendment			
Change of Agent		ISSUES? CALL	
Reinstatement		KEN:	
Conversion		518-213-0738	-
☐ Merger		310-213-0/30 PA	۱ سب
☐ Dissolution/Withdra	wal		7
☐ Fictitious Name			_
Other		- 61 - 0	

\$125.00 Authorized Amount: Signature



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088 Date: November 15, 2018 **KEN HOWELL** Name:___ 1015475 Reference #:_____ DSSB, LLC Entity Name:____ ✓ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent ISSUES? CALL J Reinstatement KEN: 518-213-0738] Conversion ☐ Merger Dissolution/Withdrawal ☐ Fictitious Name Other _____ \$125.00 Authorized Amount:

Signature

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: DSSB, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting husiness in Florida. The alternate name most include "Limited Liability Company," "L.I. C." or "L.I.C.") 83-2421437 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florids, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 13368 Pointe Conway Dr., St. Louis, MO 63141 13368 Pointe Conway Dr., St. Louis, MO 63141 (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 North Calhoun Street, Suite 4 Office Address: Tallahassee _ . Florida __ (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Ifurther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am funiliar with and accept the obligations of my position as registered agent. Kustic Tillium aset sicustar (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Title or Capacity: Name and A Manager Gregory B. Dosmann 13368 Pointe Conway Dr \$1 Louis, ISQ 63141 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. (como m ture of an authorized person Gregory B. Dosmann

Typed or printed name of signee

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 care and custody reveal that

DSSB, LLC LC001616675

was created under the laws of this State on the 2nd day of November, 2018, 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 14th day of November, 2018.

Secretary of State

Certification Number: CERT-11142018-0074

