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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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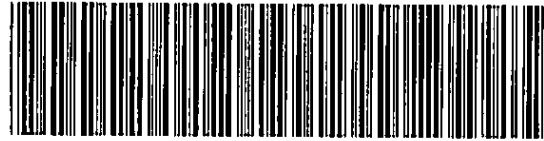
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Development Supply Services LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jake Kiefer

Name of Person

Development Supply Services LLC

Firm/Company

16 PIN OAK LANE

Address

Hammond, LA 70401

City/State and Zip Code

jake.kiefer@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jake Kiefer

Name of Contact Person

at (**225**)

Area Code

276-9304

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:



\$125.00 Filing Fee
Certificate



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy

\$160.00 Filing Fee,
of Status & Certified Copy

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:

1. Development Supply Services 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 business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Louisiana 3. 82-1283076
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 16 Pin Oak Lane 6. 16 Pin Oak Lane
(Street Address of Principal Office) (Mailing Address)
Hammond, LA 70401 Hammond, LA 70401

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jake Kiefer

Office Address: 19211 Panama City Beach Pkwy

Panama City Beach , Florida 32413
(City) (Zip code)

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. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Principal

Jake Kiefer

16 Pin Oak Lane Hammond, LA 70401

(Use attachments if necessary)

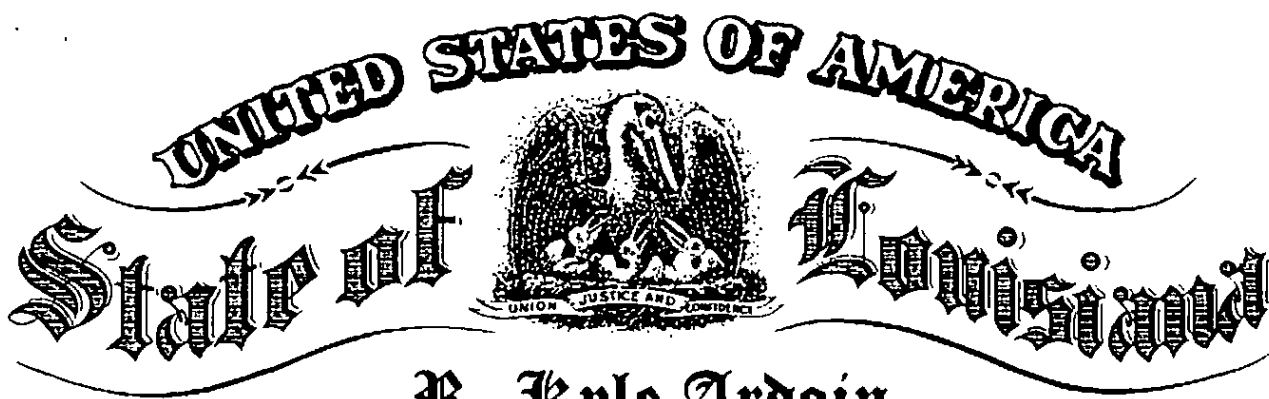
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.


Signature of an authorized person

Jake Kiefer

Typed or printed name of signee



R. Kyle Ardoin

SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

DEVELOPMENT SUPPLY SERVICES, LLC

Domiciled at HAMMOND, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on May 01, 2017,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

December 20, 2018

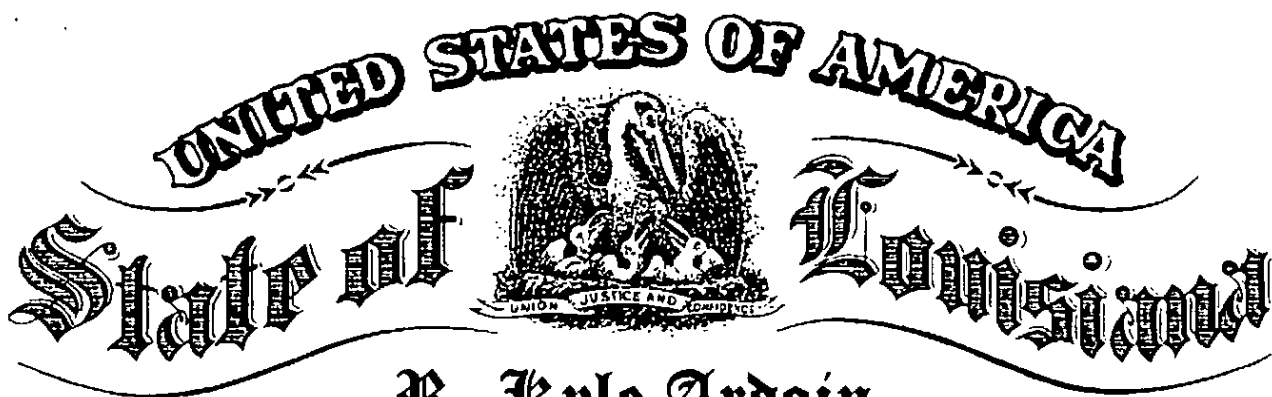


Certificate ID: 11025470#PVM73

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov

Secretary of State

Web 42625610K



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

the attached document(s) of

DEVELOPMENT SUPPLY SERVICES, LLC

are true and correct and are filed in the Louisiana Secretary of State's Office.

42625610K ORIGF 5/1/2017 3 page(s)

In testimony whereof, I have hereunto set my
hand and caused the Seal of my Office to be
affixed at the City of Baton Rouge on,

December 20, 2018

R. Kyle Ardoin

Secretary of State

WEB 42625610K



Certificate ID: 11025471#XBF52

To validate this certificate, visit the following
web site, go to **Business Services**, **Search**
for Louisiana Business Filings, **Validate a**
Certificate, then follow the instructions
displayed.

www.sos.la.gov

STATE OF LOUISIANA
ARTICLES OF ORGANIZATION

(R.S. 12:1301)

1. The name of this limited liability company is:

DEVELOPMENT SUPPLY SERVICES, LLC

2. This company is formed for the purpose of:

ENGAGING IN ANY LAWFUL ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES
MAY BE FORMED

3. The duration of this limited liability company is: (may be perpetual):

PERPETUAL

4. Other provisions:

**The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the
filer to fine or imprisonment or both under R.S. 14:133.**

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM THE ORGANIZER.

ELECTRONIC SIGNATURE: JAKE KIEFER (4/24/2017)

TITLE: OWNER

LIMITED LIABILITY COMPANY INITIAL REPORT

(R.S. 12:1305 (E))

1. The name of this limited liability company is:

DEVELOPMENT SUPPLY SERVICES, LLC

**2. The location and municipal address (not a P.O. Box only) of this limited liability company's
registered office:**

5235 FLORIDA BLVD STE D OFC D
BATON ROUGE, LA, 70806

3. Mailing Address:

16 PIN OAK LN
HAMMOND, LA, 70401

**4. The full name and municipal address (not a P.O. Box only) of each of this limited liability
company's registered agent(s) is/are:**

JAKE KIEFER
16 PIN OAK LANE
HAMMOND, LA, 70401

5. The name and municipal address (not a P.O. Box only) of the managers or members:

JAKE KIEFER (MEMBER)
16 PIN OAK LN
HAMMOND, LA, 70401

**The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the
filer to fine or imprisonment or both under R.S. 14:133.**

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM THE ORGANIZER.

ELECTRONIC SIGNATURE: JAKE KIEFER (4/24/2017)

TITLE: OWNER

SECRETARY OF STATE



Agent Affidavit and Acknowledgement of Acceptance

Charter Number: 42625610K

Charter Name: DEVELOPMENT SUPPLY SERVICES, LLC

The agent / agents listed below accept the appointment of registered agent for and on behalf of the Charter Name above.

| Date Responded | Agent(s) | Agent(s) Electronic Signature |
|-----------------------|-----------------|--------------------------------------|
| 05/01/2017 | JAKE KIEFER | JAKE KIEFER |