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## **COVER LETTER**

TO:

	DC EXPLORERS LL	.C					
SUBJECT: Name of Limited Liability Company							
			·	• •			
				ation to Transact Business in Florida," ited liability company to transact busin			
Please retu	urn all correspondence co	ncerning this matter to the foll	owing:				
	DEIRDRE SWIN	ISON					
	Name of Person  DC EXPLORERS LLC						
		Firm/	Company				
8403 COLESVILLE RD, SUITE 1100							
	SILVER SPRING, MD 20910						
	1	E-mail address: (to be used for	future annua	l report notification)			
For further	r information concerning t	his matter, please call:					
DEIRDRE SWINSON		at	301	384-1519			
	Name of 0	Contact Person	Area Code	Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327			STREET ADDRESS: Division of Corporations Registration Section				
	Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	nclosed is a check for the lease make check payable	following amount: to: FLORIDA DEPARTME	NT OF STA	TE			
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & S160.00 Filing For Status & Certi			

## 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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. DC EXPLORERS LLC	Limited Liability Company, must include "Li	mited Liabilit	v Company " "I. I. C. " or "I.	IC "			
ENLIGHTEN EXCURSI		annos Elacini	y company, while, or o	,			
(If name unavailable, enter alternate a	name adopted for the purpose of transacting business i	n Florida. The a	Itemate name must include "Limit	and Limbility Company," "L.L.C," or "LLC,")			
MONTGOMERY COUNTY MARYLAND  2. (Jurisdiction under the law of which foreign limited liability company is organized)			26-2438474 3. (FEI number, if applicable)				
(Jurisdiction under the law of w	-	(FE	(FEI number, if applicable)				
N/A 4.							
	(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to de	or to registration termine penalty	L) liability)				
DC EXPLORERS LL	_	6.	DC EXPLORERS LL				
(Street Address of	(Street Address of Principal Office)		6. (Mailing Address)				
8403 COLESVILLE R	8403 COLESVILLE RD, SUITE 1100		8403 COLESVILLE RD, SUITE 1100				
SILVER SPRING, MI	SILVER SPRING, MD 20910		SILVER SPRING, MD 20910				
7. Name and street address	ss of Florida registered agent: (P.O. I	30х <u>NOT</u> г	acceptable)	19			
Name:	DENISE EDWARDS		<del></del>	MA 13			
Office Address:	5139 TERRA LAKE CIRCLE	·· <del>·</del>		PR 1:			
	PENSACOLA		32507 , Florida	ு வ			
	(City)		(7.	ip 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.

Denise Edwards

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Name: DEIRDRE SWINSON Manager Manager Name: DC EXPLORERS LLC ■ Member Address: \_\_\_\_ ☐ Member 8403 COLESVILLE RD, SUITE 1100 Authorized Authorized SILVER SPRING, MD 20910 Person Person Other\_\_ Other\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Name: ANTHONY CAIN Manager ■ Manager Name: \_\_\_\_\_ Address: \_ Member ☐ Member Address: \_\_\_ SILVER SPRING, MD 20904 ☐ Authorized Authorized Person Person Other Other Other Manager Name: ■ Manager Name: \_ Member Address: Member Address: \_\_\_\_\_ Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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
DEIRDRE SWINSON

Typed or printed name of signee

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT DC EXPLORERS, LLC (W16567463), REGISTERED JUNE 03, 2015, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 23, 2019.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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