

M19000003524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

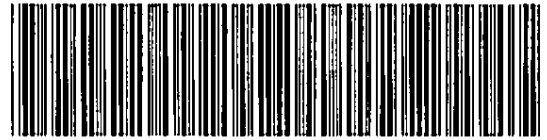
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DMCC 4705 ALT 19 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:

Benjamin Swift

Name of Person

Swift Law Office

Firm/Company

201 N. New York Ave., Suite 201

Address

Winter Park, FL 32789

City/State and Zip Code

ben@swiftlegalfl.com

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

For further information concerning this matter, please call:

Benjamin Swift

407

636-8888

Name of Contact Person

at (_____) _____
Area Code

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

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
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:

- DMCC 4705 ALT 19 LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
- Applied For
(FEL number, if applicable)
- (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)
- 234 N. Westmonte Drive
(Street Address of Principal Office)
Suite 3000
Altamonte Springs, FL 32714
- 234 N. Westmonte Drive
(Mailing Address)
Suite 3000
Altamonte Springs, FL 32714
- Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Swift Law Office
Office Address: 201 N. New York Ave., Suite 201
Winter Park, Florida 32789
(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)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Member, Manager</u>	<u>DMCC Performance I, LP</u> <u>234 N Westmonte Dr Ste 3000</u> <u>Altamonte Springs, FL 32714</u>	<u>President</u>	<u>PRADEEP MATHAROO</u> <u>234 N Westmonte Dr Ste 3000</u> <u>Altamonte Springs, FL 32714</u>
<u>President</u>	<u>NARINDER SEEHRA</u> <u>234 N Westmonte Dr Ste 3000</u> <u>Altamonte Springs, FL 32714</u>	<u>VP of OPS</u>	<u>LARRY HEATH</u> <u>234 N Westmonte Dr Ste 3000</u> <u>Altamonte Springs, FL 32714</u>

(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.

Designed by
Pradeep Matharoo
Signature of an authorized person

PRADEEP MATHAROO

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DMCC 4705 ALT 19 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 TWENTY-FIRST DAY OF MARCH, A.D. 2019.

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



7328046 8300

SR# 20192179097

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202493963

Date: 03-21-19