# M1900004118

(Requestor's Name)
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PICK-UP WAIT MAIL
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04/15/19--01015--025 \*\*320.00

SECRETARY OF STATE TALL AHASSEE, FLORID

APR 24 2019 M. SOLOMON

## **COVER LETTER**

		Name of L	imited Liability C	ompany	₹
The enclosed Existence, and	"Application by Fore I check are submitted	ign Limited Liability Comp- to register the above refere	any for Authorizat nced foreign limite	ion to Transact Busine ed liability company to	ss in Florida," Certifica transact business in Flo
Please return	all correspondence co	ncerning this matter to the (	following:		
		Na	me of Person		
	DKP10	LLC			
		Fir	m/Company		
	2222 V	Veston road	t		
			Address		
	Westo	n, FL 33326	3		
		·	ate and Zip Code		
	sampse	elle@brevol		_	<del></del>
Ean Guidhair In	Formation conquening	this matter, please call:	TOT TURBLE ARRIGAT	report notification)	
	irk Samp		240	285-067	<u>'3</u>
	<u>.</u>	Contact Person	at (Area Code	Daytime Telepho	
MA	LING ADDRESS:			STREET ADDRESS	<u>:</u>
Divi	sion of Corporations			Division of Corporation Registration Section	
Regi	stration Section Box 6327			Clifton Building	
P.O.	hassee, FL 32314			2661 Executive Center Tallahassec, FL 3230	

## 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: DKP10 LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "L.L.C.," or "L.L.C.") (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.") Wyoning

(Junisdiction under the law of which foreign limited hability company is organized) <sub>4.</sub> N/A (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) Weston, FL 33326 Weston, FL 33326 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg 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.

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: Apollo 10X, Inc. Manager Name: \_\_\_\_\_\_ ✓ Manager Address: \_\_\_\_ 2620 Ingraham St. Suite A Address: **✓** Member Member San Diego, CA 92109 ☐ Authorized \_\_\_ Authorized Person Person Other\_\_\_\_ Other \_\_\_Other\_\_\_\_\_ Other\_\_\_ Name: Manager Name: Manager Member Address: Address: ■ Member Authorized Authorized Person Person Other Other Other Other Manager ☐ Manager Name: Name: Address: ☐ Member ☐ 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. Nonindexed 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. Dirk Sampselle
Signature of an authorized person Dirk Sampselle

Typed or printed name of signee

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### **DKP10 LLC**

is a

## **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **April 9, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000850328**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 24th day of April, 2019 at 1:19 PM. This certificate is assigned 030831725.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.



### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2019

DIRK SAMPSELLE 2222 WESTON ROAD WESTON, FL 33326

SUBJECT: DKP10 LLC

Ref. Number: W19000038923

returned for the following correction(s):

We have received your document for DKP10 LLC and your check(s) totaling \$320.00. However, the enclosed document has not been filed and is being

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Yvette Scott Document Specialist II

Letter Number: 719A00008010

www.sunbiz.org

Division of Community D.O. DOV COOT Mall 1