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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2019

KERI DOWLING 1499 NE 60TH STREET FORT LAUDERDALE, FL 33334

SUBJECT: DCW LEASING LLC Ref. Number: W19000033105

We have received your document for DCW LEASING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 019A00006505

## **COVERTLETTER**

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	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301	
- :	NT OF STA	Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle

## 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:

DCW Leasing, LLC (Name of Foreign	Lumited Liability Company; must include "Limit	ed Liability Company,"	"L.L.C.," or "LLC.")	<del></del>
name unavailable, enter alternate m	ame adopted for the purpose of transacting business in FI	orida. The alternate name mi	est include "Limited Liability Con	npany," "U.L.C," or "LLC
Delaware		•		
(Jurisdiction under the law of wh	such foreign limited hability company is organized)		(IEI number, if app	licable)
March 1, 2019				
	(Date first transacted business in Florida, if prior to (See sections 605,0964 & 605,0905, F.S. to determ	registration ) nine penalty hability)		
11525 Park Woods Cir		,		
(Street Addiess of Principal Office)		0	(Mailing Address)	
Alpharetta, GA 30005				
		<del>-</del>		
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Nr. 1	C19 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NOT . II.		
Name and street addres	s of Florida registered agent: (P.O. Bo:	x <u>NOT</u> acceptable)		- 6 150
	1: 1 OVE 10 A			
Name:	Air Law Office, P.A.			T T
	1499 NE 60th Street			£*
Office Address:	1479 NL Ooth Street			ān ·
	Fort Lauderdale	. Flo	33334	
	(City)	, , i k	(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.

Mary Color Parch Williams

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: Name and Address: Title or Capacity: Name and Address: Name: Carol Wildermuth Name: \_\_\_\_\_Daniel Wildermuth Manager Manager Address: 11525 Park Woods Circle Address: \_\_\_\_\_ Park Woods Circle Member Alpharetta, GA 30005 Alpharetta, GA 30005 Authorized Authorized Person Person Other\_\_\_\_\_ Other\_ Other\_\_\_ Other\_ Name: Keri L Dowling Manager | Name: ☐ Manager Address: \_\_\_\_Air Law Office, P.A. Address: Member Member 1499 NE 60th Street Authorized Authorized Fort Lauderdale, FL 33334 Person Person Attorney In Fact Other Other\_\_\_ Name: \_\_\_\_\_ Manager Name: Address: Member | ☐ Member 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 \$.817.155, F.S. Signature of an auth/rized person.

Typed or printed name of signee

Keri L. Dowling, Attorney-In-Fact

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DCW LEASING, 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-THIRD DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DCW LEASING, LLC" WAS FORMED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2018.

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

Authentication: 202694361

Date: 04-23-19