Naccoultai

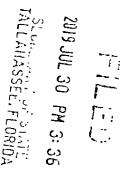
(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900332484789

07/30/19--31037--304 **190.00



Y SCOTT AUG 1 2 2019

COVER LETTER

TO:		ation Section n of Corporations	5				
SUBJE		Enterprise Soluti	ons, LLC				
			Name of Lir	nited Liability	Company		
			eign Limited Liability Compar I to register the above reference				
Please re	eturn all	correspondence co	oncerning this matter to the fo	llowing:			
		Dean Daisy					
			Nam	e of Person			
		DR Enterprise S	olutions, LLC				
			Firm	/Company		20 TÀ	
		19775 Belmont	Executive Plaza, Suite 500			2019 JUL	····
		-	,	Address		1488E	
		Ashburn, Virgin	ia 20147-7607			m: 38	,
			City/Stat	e and Zip Code	· · · · · · · · · · · · · · · · · · ·	3: 36 CORIDA	<u>. </u>
		dean.daisy@drent	terprisesolutions.com			36 10A	
	•		E-mail address: (to be used for	or future annua	I report notification))	
For furth	her infor	mation concerning	this matter, please call:				
	Dean D	Daisy		571 at (271-6495		
		Name of	Contact Person	Area Code	Daytime Tele	ephone Number	
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			STREET ADDRI Division of Corpo Registration Section Clifton Building 2661 Executive Co Tallahassee, FL 33	rations on enter Circle	
			e following amount: le to: FLORIDA DEPARTM	ENT OF STA	TE		
	_	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$ 155.00	_	\$160.00 Filing Fee of Status & Certifi	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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:

<u> </u>					
If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	enda. The alt	ernate name must include "Limited Liability Com	pany," "L.L.C	I," or "LLC.
Virginia		,	27-3056421		
(Jurisdiction under the law of	which foreign limited hability company is organized)	.5.	3. (FEI number, it applicable)		
Not Applicable - have	not transacted business in Florida yet.				
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration. une penalty l	iabilny)	2019	
3790 North US 1, Su			19775 Belmont Executive Plaza, S	_	
(Street Address of	Principal Office)	0.	(Mailing Address).	<u> ၂</u> ၁၀	ŗ.
Cocoa, Florida 32926			Ashburn, Virginia 20147-7607 5	PH	; ;
			Lokio	دب	1_ ;
			<u></u>	သ	
7. Name and <u>street addre</u> Name:	sss of Florida registered agent: (P.O. Box Jeremy Higginbotham	: <u>NOT</u> a	eceptable)		
Office Address:	3790 North US 1, Suite 2				
	Cocoa		32926		

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

Title or Capacity:	Name and Address:	Title or Capacity	
Manager	Name: Branden Raye	☐ Manager	Name: Dean Daisy
■Member	Address: 43223 Baltusrol Terrace	■ Member	Address: 18831 Kipheart Drive
Authorized	Ashburn, Virginia 20147	Authorized	Leesburg. Virginia 20176
Person		Person	
Other	Other	Other	Other
☐Manager	Name:		Name:
Member	Address:	☐ Member	Address:
Authorized		Authorized	2019 7ÃĽ
Person		Person	
Other	Other	Other	S Cother T
□Manager □Member	Name:	☐ Manager	Name:
Authorized		☐ Authorized	
Person		Person	
Other	Other	Other	Other

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 Dean Daisy

Typed or printed name of signee

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That DR Enterprise Solutions, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is July 14, 2010; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

as of the date
30 PH 3: 36



Signed and Sealed at Richmond on this Date: July 15, 2019

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 1907157071