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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

\_\_\_\_\_

(Business Entity Name)

\_\_\_\_\_

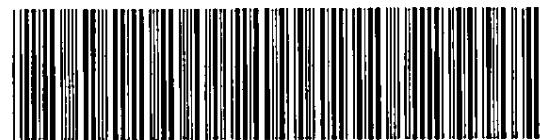
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M. SOLOMON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LAUNCHDREAMS B.C. 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:

WILLIAM L. DUNKER, SR. ESQ.

Name of Person

DUNKER LAW, PA

**Firm/Company**

800 SW 6TH AVE

---

**Address**

CAPE CORAL, FL 33991

City/State and Zip Code

BILL.SR@DUNKERLAWPA.COM

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

For further information concerning this matter, please call:

**BILL DUNKER** 813 494-0795  
at ( )

**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:

Enclosed is a check for the following amount:  
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

**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:

LAUNCHDREAMS LLC

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

(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.")

**VIRGINIA**

75-3005487

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_ (FEI number, if applicable)

4. \_\_\_\_\_ (Date first transacted business in Florida, if prior to registration )  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

24675 CANARY ISLAND COURT  
5. \_\_\_\_\_  
(Street Address of Principal Office)

21934 HYDE PARK DRIVE

## UNIT 103

ASHBURN, VA 20147

BONITA SPRINGS, FL 34134

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: WILLIAM E. BOSTICK JR.

WILLIAM L. DUNKER SR.

Office Address: 800 SW 6TH AVE.

800 SW 6TH AVE.

## CAPE CORAL

33991

113

(70 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.*

William T. Walker Jr.  
(Registered agent's signature)

(Registered agent's signature)

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>WOLFGANG TOLLE</u>	<input checked="" type="checkbox"/> Manager	Name: <u>CHRISTEEN F. TOLLE</u>
<input checked="" type="checkbox"/> Member	Address: <u>21934 HYDE PARK DRIVE</u>	<input type="checkbox"/> Member	Address: <u>21934 HYDE PARK DRIVE</u>
<input type="checkbox"/> Authorized	<u>ASHBURN, VA 20147</u>	<input type="checkbox"/> Authorized	<u>ASHBURN, VA 20147</u>
Person		Person	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
 <input type="checkbox"/> Member	Address: _____	 <input type="checkbox"/> Member	Address: _____
 <input type="checkbox"/> Authorized	_____	 <input type="checkbox"/> Authorized	_____
Person		Person	
 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
 <input type="checkbox"/> Member	Address: _____	 <input type="checkbox"/> Member	Address: _____
 <input type="checkbox"/> Authorized	_____	 <input type="checkbox"/> Authorized	_____
Person		Person	
 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
 <input type="checkbox"/> Member	Address: _____	 <input type="checkbox"/> Member	Address: _____
 <input type="checkbox"/> Authorized	_____	 <input type="checkbox"/> Authorized	_____
Person		Person	
 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> 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.

William L. Dunker, Sr.  
Signature of an authorized person

WILLIAM L. DUNKER, SR.

Typed or printed name of signee

# Commonwealth of Virginia



## State Corporation Commission

### *CERTIFICATE OF FACT*

*I Certify the Following from the Records of the Commission:*

That LaunchDreams LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is January 28, 2002; 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.

*Signed and Sealed at Richmond on this Date:  
July 30, 2019*

The signature of Joel H. Peck, Clerk of the Commission.

*Joel H. Peck, Clerk of the Commission*

