

M19000009381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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Mr. Brian 10/1/19

W19000087255

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03/15/13--01092--004 **125.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2019

BRIAN CALCIANO, ESQ.
146 2ND ST N.
SUITE:310-DD
ST. PETERSBURG, FL 33701

SUBJECT: DG KOMPLEX LLC
Ref. Number: W19000087255

We have received your document for DG KOMPLEX LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 319A00019981

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DG KOMPLEX 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:

Brian Calciano, Esq.

Name of Person

Brian Calciano, P.A.

Firm/Company

146 2nd St. N., Suite 310-DD

Address

St. Petersburg, FL 33701

City/State and Zip Code

dinard.garrett@gmail.com

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

For further information concerning this matter, please call:

Brian Calciano, Esq.

at (727)

202-4516

Name of Contact Person

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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:

1. DG KOMPLEX 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.")

Delaware

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

3. (FEI number, if applicable)

N/A

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

Döbelnsgatan 89

5. (Street Address of Principal Office)

Döbelnsgatan 89

6. (Mailing Address)

113 52 Stockholm

113 52 Stockholm

Sweden

Sweden

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

Name: Brian Calciano, P.A.

Office Address: 146 2nd St. N., Ste. 310-DD

St. Petersburg, Florida 33701
(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)

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:**

☒ Manager Name: IOCare AB

☒ Member Address: Döbelnsgatan 89

☒ Authorized 113 52 Stockholm

Sweden

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: David Garrett

☐ Member Address: Döbelnsgatan 89

☒ Authorized 113 52 Stockholm

Sweden

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Dinard Garrett

☐ Member Address: Döbelnsgatan 89

☒ Authorized 113 52 Stockholm

Sweden

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

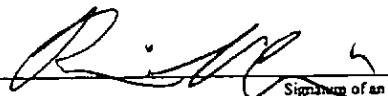
Person _____

☐ Other _____ ☐ 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.



Signature of an authorized person

Brian Calciano, Esq. as Counsel for DG Komplex LLC

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DG KOMPLEX 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 FIFTH DAY OF SEPTEMBER, A.D. 2019.



7499204 8300

SR# 20196882095

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203535523

Date: 09-05-19

BRIAN CALCIANO, P.A.
146 2ND STREET NORTH
SUITE 310-DD
ST. PETERSBURG, FL 33701

1106

81-727829
1865

CHECK AGAIN

Date

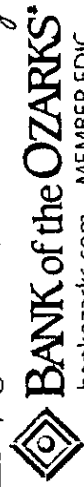
2/12/19

pay to the order of Florida Dept of State, Bureau of Land \$ 125.00

Photo
Date
Deposit
Check

Dollars

Five hundred Twenty-five and 00/100



bankozarks.com ~ MEMBER FDIC

For DTG Kempf LLC Registration

MP