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COVER LETTER \$

	Registration Section Division of Corporation	s						
eup lez	DMCC 280 PATTE	RSON ROAD LLC		r.				
SUBJEC	-1; <u> </u>	Name of I	imited Liability C	Company				
		eign Limited Liability Comp I to register the above refere						
Please re	turn all correspondence e	oncerning this matter to the	following:					
	Benjamin Swift							
		Na	me of Person			TAL	2019	
	Swift Law Offic	ee				LAIK TAIK	01 :4 Hd 11 1 AON 6102	1 4
		Fi	m/Company			388 Yay	=	Ī
	201 N. New Yo	rk Ave., Suite 201				E FE	뫔	
			Address			081	- <u>÷</u>	
	Winter Park, FI	. 32789				Dr:	0	
		City/St	ate and Zip Code					
	ben@swiftlegalfl	.com						
		E-mail address: (to be used	for future annual	report not	ification)			
For furth	er information concerning	g this matter, please call:						
	Benjamin Swift		407 at (636-88	88			
	Name o	f Contact Person	Area Code	Day	time Telephon	ie Numbe	r	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl. 32314			Division Registrati Clifton B 2661 Exc	ADDRESS: of Corporation ion Section uilding cutive Center- ee, FL 32301			
	l is a check for the following \$125.00 Filing Fee	ing amount: \$\Boxed{\Omega} \text{ \$130.00 Filing Fee & Certificate of Status}\$	S155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 F of Status & 0	_		ficate

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florid	da. The alternate name must include "Limite-	d Liability Company," "L.L.C," or "LL.C,")			
Delaware		3 Applied for				
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	(FEI	number, (Lapplicable)			
•						
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905; F.S. to determine	rgistration.)				
221 N. Wastania Da			va			
3. 234 N. Westmonte Dr. (Street Address of l	Principal Office)	6. 234 N. Westmonte Driv (Mailing	Address)			
Suite 3000		Suite 3000				
Altamonte Springs, Fl	. 32714	Altamonte Springs, FL 32714				
			20			
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	POP NOV 14			
. , time and <u>entert manes</u>		,	Al S			
Name:	Swift Law Office	 	SS			
Office Address:	201 N. New York Ave., Suite 201		m			
	W D. I.	22780	E.F.S.T.			
	Winter Park (City)	. Florida <u>32789</u> czi				
Registered agent's accep	•	123				
	rgistered agent and to accept service of p	was and Complete about a state of limit	destriction Sourann at the plan			
		rocens tor the above statea tim	(((CD:MG())(1)()			
designated in this applica	tion. I hereby accept the appointment as	rocess for the unove stated time registered agent and agree to	act in this capacity. I further as			
designated in this applica	tion, I hereby accept the appointment as	registered agent and agree to	act in this capacity. I further as			
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lesignated in this applicate comply with the provis	tion, I hereby accept the appointment as	registered agent and agree to	act in this capacity. I further as			
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designated in this applicate comply with the provis	tion, I hereby accept the appointment as ions of all statutes relative to the proper o	registered agent and agree to and complete performance of	act in this capacity. I further as			
designated in this applicate comply with the provise and accept the obligation 8. The name, title or cap	ition, I hereby accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent. Docusioned by: (Registered agent's state) (Registered ag	registered agent and agree to and complete performance of grature) 8/have authority to manage is/a	act in this capacity. I further up my duties, and I am familiar wit			
designated in this applica to comply with the provis and accept the obligation	ation, I hereby accept the appointment as ions of all statutes relative to the proper of soft my position as registered agent. ASBEA686527F409 (Registered agent's sa	registered agent and agree to and complete performance of	act in this capacity. I further up my duties, and I am familiar wit			
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Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DMCC 280 PATTERSON ROAD 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-FOURTH DAY OF SEPTEMBER, A.D. 2019.

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

Authentication: 203653933

7621301 8300 SR# 20197188271

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

Date: 09-24-19