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A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 JAN 10 PM 2:08

FILED

January 7, 2020

Division of Corporations  
Attn: Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: DD Seaside Properties, LLC  
a California Limited Liability Company

Dear Ladies and Gentlemen:

My office represents the legal interests of DD Seaside Properties, LLC, a California Limited Liability Company that will conduct business in Florida. Enclosed please find the cover letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and a Secretary of State Certificate of Status from the State of California.

Please register the California limited liability company with the State of Florida as a foreign limited liability company. A check in the sum of \$125 has been enclosed for the filing fee.

Thank you in advance for your cooperation. If you have any questions, please contact my office.

Sincerely,

GREENMAN, LACY, KLEIN,  
HINDS, WEISER

Michael L. Klein

MLK/cte  
Enc.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DD SEASIDE PROPERTIES, 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:

MICHAEL L. KLEIN  
\_\_\_\_\_  
Name of Person  
GREENMAN, LACY, KLEIN, HINDS, WEISER  
\_\_\_\_\_  
Firm/Company  
900 PIER VIEW WAY  
\_\_\_\_\_  
Address  
OCEANSIDE, CA 92054  
\_\_\_\_\_  
City/State and Zip Code  
MICHAEL.KLEIN@GLKHWLAW.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

For further information concerning this matter, please call:

MICHAEL L. KLEIN at (760) 722-1234  
\_\_\_\_\_  
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. DD SEASIDE PROPERTIES, L.L.C. (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.")

2. CALIFORNIA (Jurisdiction under the law of which foreign limited liability company is organized) 3. N/A (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))

5. 1413 SALINA ST. (Street Address of Principal Office) 6. (Mailing Address) OCEANSIDE, CA 92054

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702 (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.

[Signature] (Registered agent's signature)

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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:**  Manager Name: DIANE DURNEY  
**Name and Address:**  
 Member Address: 1413 LA SALINA ST.  
 Authorized OCEANSIDE, CA 92054  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager Name: \_\_\_\_\_  
**Name and Address:**  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

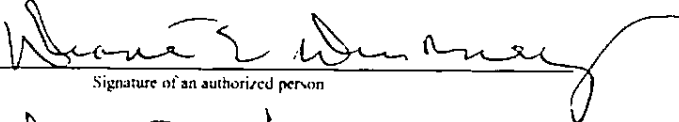
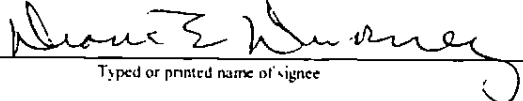
Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

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 TALLAHASSEE, FLORIDA

**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  
 DIANE DURNEY   
 \_\_\_\_\_  
 Typed or printed name of signee

State of California  
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: DD SEASIDE PROPERTIES, LLC

FILE NUMBER: 201430310375  
FORMATION DATE: 10/27/2014  
TYPE: DOMESTIC LIMITED LIABILITY COMPANY  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

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TALLAHASSEE, FLORIDA

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 22, 2019.

ALEX PADILLA  
Secretary of State