

2/20/2020

Division of Corporations

M20000057282

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
DML Subs, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2020 FEB 20 PM 1:46

2020 FEB 20 PM 3:23

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FEB 21 2020

Electronic Filing Menu

Corporate Filing Menu

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**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. DML Subs, LLC

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

(If name una-ailable, 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. Knox County, Tennessee

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

3. 84-3394105

(EIN number, if applicable)

4. _____

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

5. 6250 Enterprise Dr

(Street Address of Principal Office)

Knoxville TN 37909-1223

6. 6250 Enterprise Dr

(Mailing Address)

Knoxville TN 37909-1223

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

Name:

CT Corporation System

Office Address:

1200 South Pine Island Road

Plantation

(City)

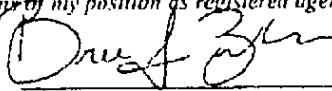
Florida

33324

(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.



Bree Zahner, Assistant Secretary

(Registered agent's signature)

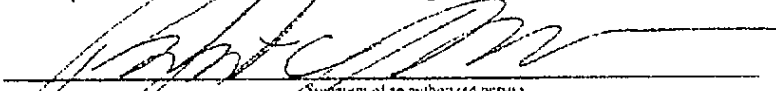
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Robert Maxson</u>	<input type="checkbox"/> Manager	Name: <u>John Dell</u>
<input type="checkbox"/> Member	Address: <u>PO Box 1297</u>	<input type="checkbox"/> Member	Address: <u>3610 Crown Point Rd</u>
<input type="checkbox"/> Authorized	<u>Kodak TN 37764</u>	<input type="checkbox"/> Authorized	<u>Louisville TN 37777</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Partner</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Partner</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Jean Legere</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>PO Box 1238</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Okland FL 34760</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Partner</u>	<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.



 Signature of an authorized person
 Robert Maxson

 Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

WOLTERS KLUWER
600 SOUTH
SPRINGFIELD, IL 62704

February 20, 2020

Request Type: Certificate of Existence/Authorization
Request #: 0351190

Issuance Date: 02/20/2020
Copies Requested: 1

Document Receipt

Receipt #: 005298802

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3775960247

\$20.00

Regarding: DML Subs, LLC

Filing Type: Limited Liability Company - Domestic

Control #: 1057203

Formation/Qualification Date: 10/16/2019

Date Formed: 10/16/2019

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: KNOX COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

DML Subs, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 037989847