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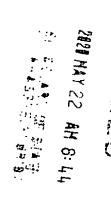


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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DMCC PALMETTO ST, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	of a.
Please return all correspondence concerning this matter to the following:	
LARRY HEATH or PRABODH C PATEL	
Name of Person	
DMCC HOLDINGS, LLC	
Firm/Company	
234 N WESTMONTE DR, SUITE 3000	
Address	
ALTAMONTE SPRINGS, FL 32714	
City/State and Zip Code	
Chyrotaic and Elp Code	
larry.heath@dmccholdings.com and infolawpatel@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Larry Heath or Prabodh C Patel at (407) 960-3624	
Name of Contact Person Area Code Daytime Telephone Number	
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration Section	
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 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 \$\Bigcup \text{\$\sum_{\text{S130.00 Filing Fee} & Distribution of Status & Certified Copy}} \Bigcup \text{\$\sum_{\text{S160.00 Filing Fee} & Distribution of Status & Certified Copy}} \Bigcup \text{\$\sum_{\text{S160.00 Filing Fee} & Distribution of Status & Certified Copy}} \Bigcup \Bigcup \text{\$\sum_{\text{S160.00 Filing Fee} & Distribution of Status & Certified Copy}} \Bigcup \Bigcu	te

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAY L DMCC PALMETTO ST, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") N/A (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 "LL.C," or 2 STATE of DELAWARE (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) APRIL 15, 2020 (Dute first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605 0905, F.S. to determine penalty liability) 5. 234 N WESTMONTE DR, SUITE 3000 (Street Address of Principal Office) ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Larry Heath Name: 234 N WESTMONTE DR, SUITE 3000 Office Address: **ALTAMONTE SPRINGS** 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. Larry Heatle (Registered agent's signature) Larry Heath

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: Title or Capacity: Name and Address: Name: Pradeep Matharoo Name: Narinder Seehra Manager Manager 234 N. WESTMONTE DR 234 N. WESTMONTE DR Member Address: 4 3000 Member Address: # 3000 ALTAMONTE SPOS ALTAMONTE SPGS PL 32714 FL 32714 Authorized Authorized Pradeep Matharoo Narinder Seehra Person Person Other____ Other_ Other_ Other___ Manager Name: Manager Name: Address: ____ Member Address: Member Authorized Authorized Person Person Other_____ Other___ Other___ Manager Manager Name: _____ Member Address: Member Authorized Authorized Person Person Other Other____ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Pradup Matharos
Signature of an authorized person

Pradeep Matharoo

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DMCC PALMETTO ST, 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 APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DMCC PALMETTO ST, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF APRIL, A.D. 2020.

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

Authentication: 202824402

Date: 04-24-20



May 8, 2020

CORPORATE ACCESS, INC.

SUBJECT: DMCC PALMETTO ST, LLC

Ref. Number: W20000045753

We have received your document for DMCC PALMETTO ST, LLC and your check(s) totaling \$320.00. 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: 220A00009463

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