

M20000004719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

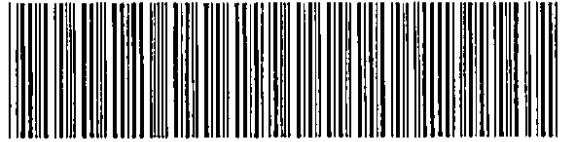
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2020 MAY 22 AM 8:44
STATE
TALLAHASSEE, FLORIDA

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MAY 26 2020
M. SOLOMON

**CORPORATE
ACCESS,
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When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 05/01/2020

XX CERTIFIED COPY

☐ PHOTOCOPY

XX CUS GS

XX FILING FOREIGN

1. DMCC RON BEATTY, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DMCC RON BEATTY, 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:

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

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

Name of Contact Person

at (407)

Area Code

960-3624

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. DMCC RON BEATTY, 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 "LLC.")

2. STATE OF DELAWARE

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

3. _____

(FEI number, if applicable)

4. APRIL 15, 2020

(Date 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)

6. 234 N WESTMONTE DR, SUITE 3000

(Mailing Address)

ALTAMONTE SPRINGS, FL 32714

ALTAMONTE SPRINGS, FL 32714

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

Name: Larry Heath

Office Address: 234 N WESTMONTE DR, SUITE 3000

ALTAMONTE SPRINGS

(City)

. Florida 32714

(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.

Larry Heath

(Registered agent's signature)

STANDARD REGISTRATION

2020 MAY 22 AM 8:44

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Pradeep Matharoo</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Narinder Seehra</u>
<input checked="" type="checkbox"/> Member	Address: <u>234 N. WESTMONTE DR</u>	<input checked="" type="checkbox"/> Member	Address: <u>234 N. WESTMONTE DR</u>
<input checked="" type="checkbox"/> Authorized	<u>#3000</u>	<input checked="" type="checkbox"/> Authorized	Address: <u>#3000</u>
	<u>ALTAMONTE SPGS</u>		<u>ALTAMONTE SPGS FL 32714</u>
Person	<u>Pradeep Matharoo</u>	Person	<u>Narinder Seehra</u>
<input type="checkbox"/> Other	<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
<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.

Pradeep Matharoo
Signature of an authorized person

Pradeep Matharoo
Typed or printed name of signer

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STATE OF FLORIDA
DEPARTMENT OF STATE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DMCC RON BEATTY, 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 RON BEATTY, 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.



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

7945674 8300

SR# 20203135770

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

Authentication: 202824431

Date: 04-24-20



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2020 MAY 22 PM 3:51

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MAIL ROOM 1 FLORIDA

May 8, 2020

CORPORATE ACCESS, INC.

SUBJECT: DMCC RON BEATTY, LLC
Ref. Number: W20000045754

We have received your document for DMCC RON BEATTY, 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: 620A00009463

Corrected