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T GLASS JUN 1 9 2020 June 4, 2020

DAVID MORDCHAI PLUDWINSKI 1220 GOLDEN CANNA LN CELEBRATION, FL 34747 US

SUBJECT: DESHEM BRANDS LLC Ref. Number: W20000055099

We have received your document for DESHEM BRANDS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 120A00011037

RECEIVED

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJEC	Dashem Brands LLC					
	·	Limited Liability Co	ompany			
The encl Existenc	losed "Application by Foreign Limited Liability Come, and check are submitted to register the above refer	pany for Authorizat renced foreign limite	tion to Transact Business in Flori ed liability company to transact b	da," Certificate o usiness in Florida		
Please re	eturn all correspondence concerning this matter to the	e following:				
	David Mordchai Pludwinski					
	N	lame of Person		·····		
		irm/Company				
	1220 Golden Canna Ln					
	Celebration, FL 34747					
	City/S	State and Zip Code				
	dashembrands@gmail.com		•	2013		
	E-mail address: (to be use	d for future annual i	report notification)	<u></u>		
For furth	er information concerning this matter, please call:					
David Mordchai Pludwinski		307 at (31 6090 1			
	Name of Contact Person	Area Code	Daytime Telephone Numbe	<u>-</u> 2: ₹ 3:		
Mailing Address: Registration Section		Street Address: Registration Sec	ction			
Division of Corporations Division of Corporations			rporations			
P.O. Box 6327		The Centre of	- ***			
	Tallahassee, FL 32314	ce Street, Suite 810 L 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR' \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Str	🗏 \$155.00 Filir	ng Fee & 🔲 \$160.00 Filing Fe	ce, Certificate 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 BLISINESS IN THE STATE OF FLORIDA-

(Name of Foreign	Limited Liability Company, must include "Limite	d Liability Con	npany," "L.L.C.," or "LLC.")	
f name unavailable, enter alteronie	name adopted for the purpose of transacting business in Fl	orida. The altern	ste name must include "Limited Liability (Company," "L.L.C," or "LLC
Wyoming		84-	4757834 (FEI number, if ap	
2. (Jurisdiction under the law of which foreign limited limitity company is orga		3	plicable)	
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ne penalty liabili	ly)	
312 W. 2nd St. #1317		1220 6.	O Golden Canna Ln	
treet Address of Principal Office)		0	(Mailing Address)	
Casper, WY 82601		Cele	ebration, FL 34747	
		-		
				76:
				ti use e
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accep	otable)	
				~
Name:	David Pludwinski			
	1000 Calley Carral I	<u>_</u>	_	ŵ
Office Address:	1220 Golden Canna Ln	 	_	3
	Celebration		34747 . Florida	
	(City)		(Zip code)	

designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent-

(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Gilberto Lucas ☐ Manager Name: □ Manager Name: _____ Address: 5146 Enid Way **■**Member Address: ☐ Mcmber Denver, CO 80239 □ Authorized ☐ Authorized Person Person ☐ Other ☐ Other Other_ Other_ _ □Manager Name: _____ ☐ Manager Name: _____ __ ☐Member Address: _______ □Member Address: _____ ☐ Authorized ☐ Authorized Person Person ☐ Other Other____ ☐ Other___ Other □ Manager Name: _____ Manager Name: _____ ☐ Member Address: ☐ Member Address: ____ ☐ Authorized □ Authorized ر. ـ: Person Person 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 or 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. ture of an authorized person

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Dashem Brands LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on February 17, 2020, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2020-000900893.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 14th day of June, 2020 at 3:01 PM. This certificate is assigned ID Number 037288941.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.