

M20000006321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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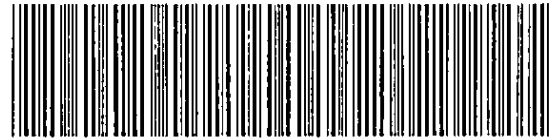
(Business Entity Name)

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DATE: 7/10/20

NAME: DJD POSITIONING SOLUTIONS, LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

a Hodge

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DJD Positioning Solutions, 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:

BethAnne Benson

Name of Person

Dobbs Management Service, LLC

Firm/Company

6070 Poplar Avenue, Suite 750

Address

Memphis, TN 38119

City/State and Zip Code

bethanne@dobbsmanagement.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BethAnne Benson

901

684-1082

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. DJD POSITIONING SOLUTIONS, LLC
(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. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-1319997
(FEI number, if applicable)

4. 5/22/2020
(Date first transacted business in Florida, if prior to organization)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2730 S FALKENBURG RD
(Street Address of Principal Office)

6. 2730 S FALKENBURG RD
(Mailing Address)

RIVERVIEW FL 33578 RIVERVIEW FL 33578

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

Name: REGISTERED AGENT SOLUTIONS INC

Office Address: 155 OFFICE PLAZA DR STE A

TALLAHASSEE, Florida 32301
(City) (Zip code)

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SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION

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.



Adam Saldana, Asst. 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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: EDWARD J. DOBBS

☐ Member Address: 2730 S FALKENBURG RD

☐ Authorized RIVERVIEW FL 33578

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: MICHAEL A. ORIAN

☐ Member Address: 2730 S FALKENBURG RD

☐ Authorized RIVERVIEW FL 33578

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Ben Richmond

☐ Member Address: 2730 S Falkenburg Road

☒ Authorized Riverview, FL 33578

Person Chief Financial Officer

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: W. CHRISTOPHER CROSBY

☐ Member Address: 2730 S FALKENBURG RD

☐ Authorized RIVERVIEW FL 33578

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Adam Tschetter

☐ Member Address: 2730 S Falkenburg Road

☒ Authorized Riverview, FL 33578

Person President

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

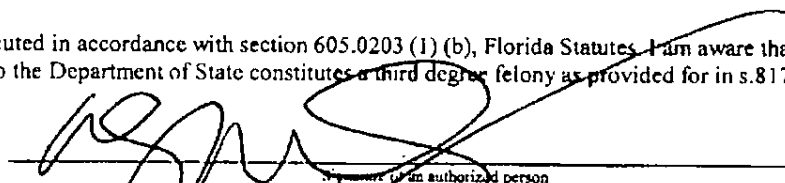
Person _____

☐ Other _____ ☐ 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

W. Christopher Crosby

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DJD POSITIONING SOLUTIONS, 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 TENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DJD POSITIONING SOLUTIONS, LLC" WAS FORMED ON THE TWENTIETH DAY OF MAY, A.D. 2020.

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



7979317 8300

SR# 20206166647

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

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.

Authentication: 203260833

Date: 07-10-20