# M2100000/664

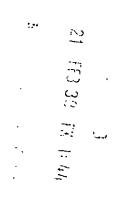
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



900354600899

11/18/20--01046--012 \*\*128.00



FED 12 con T. LTYPEUM

## COVER LETTER

TO:

Registration Section

:Nam	e of Limited Liability Company
ed "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Ce referenced foreign limited liability company to transact business
rn all correspondence concerning this matter t	o the following:
Kyle Brockmeyer	
	Name of Person
Legacy 5 Corporate Services	
	Firm/Company
3601 Rigby Road, Suite 300	
	Address
Miamisburg, OH 45342	
	City/State and Zip Code
kyle.brockmeyer@legacy5.com	
E-mail address: (to be	e used for future annual report notification)
information concerning this matter, please ca	II:
aron Matson	937 435-8584
Name of Contact Person	at ()
ailing Address:	Street Address:
egistration Section	Registration Section
ivision of Corporations	Division of Corporations The Centre of Tallahassee
O. Box 6327 allahassee, FL 32314	2415 N. Monroe Street, Suite 810
arianassee, 1 L 52517	Tallahassee, FL 32303
sclosed is a check for the following amount:	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2021

₹ ,

KYLE BROCKMEYER 3601 RIGBY RD STE 300 MIAMISBURG, OH 45342

SUBJECT: DDC MANAGEMENT LLC

Ref. Number: W21000000657

Sec Third page.
Use Design Develop Construction
Management LLC as
alt. name. Thunks!

We have received your document for DDC MANAGEMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer 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) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 521A00000161

RECEIVED

FEB 8 2021

www.sunbiz.org

(no space)

Design Develop Construct Management LLC

### 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:

DDC Management LLC			
DOC Manage		mited Liability Company," "L.L. C. or "LLC.")	116
- /		). 1). C. Stanagement	
If name unavailable, enter alternate r	name adopted for the purpose of transacting business	in Florida. The alternate name trust include "Limited Liabiti	ty Company," "L.L.C," or "L
Ohio		27-4836015	
2. (Jurisdiction under the law of which foreign hunted hability company is organized)		(FEI number, i	Fapplicable)
2/6/2017			
4	(Date first transacted business in Florida, if pri- ctions 605,0904 & 605,0905, F.S. to de	or to registration.) termine penalty liability)	<del></del>
1323 Brookhaven Driv	c	3601 Rigby Road	
5. (Street Address of Principal Office)	444 ·	6. (Mailing Address)	***
Orlando, FL 32803		Ste 300	
		Miamisburg, OH 45342	. 27
7. Name and street addres	s of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	FE3 38
Name:	InCorp Services, Inc.	•	
Office Address:	17888 67th Court North		1: 44
	Loxahatchee	33470 Florida	
	(City)	(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.

Kathy Shin on behalf of InCorp Services, Inc. (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:
<b>⊞</b> Manager	Name: Jon Bills	□Manager	Name: Kyle Brockmeyer
□Member	Address: 3601 Rigby Rd	□Member	Address: 3601 Rigby Rd
□Authorized	Suite 300	<b>≅</b> Authorized	Suite 300
Person	Miamisburg, OH 45342	Person	Miamisburg, OH 45342
Other	Other	[]Other	□Other □
□Manager	Name: Aaron Matson	□Manager	David Oakes
□Member	Address: 3601 Rigby Rd	□Member	Address:
Authorized	Suite 300	■Authorized	Suite 300
Person	Miamisburg, OH	Person	Mia:nisburg, OH 45342
Other	[]Other	Other	Other
□Manager	Chris Helfrich	□Manager	Name:
□Member	Address: 1323 Brookhaven	□Member	Address:
<b>≅</b> Authorized	Orlando, FL 32803	□Authorized	
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. 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.

K	Lund /	
	Signature of an authorized person	
Kyle Brockmeyer	,	
	Typed or printed name of signee	

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show DDC MANAGEMENT, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1988350, was organized within the State of Ohio on January 6, 20 currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th day of November, A.D. 2020.

**Ohio Secretary of State** 

Ful fore

Validation Number: 202031501660