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(((H21000117529 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Number : FCA000000023

Account Name : C T CORPORATION SYSTEM

Phone

: (614)280-3338

Fax Number

: (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	
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## Foreign Limited Liability Company DS FastAF, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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## 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: DS FastAF, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "L.L.C., " or "LLC.") (I) name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name most include "Limited Liability Company," "L.L.C," of "LLC," of "LLC," of "LLC," of "LLC," or Delaware (Jurisdiction under the law of which foreign limited liability company is organized) N/A (Date flest transacted business in Florida, if prior to registration.) (See sections 605 0004 & 605 0005, F.S. to determine penalty limbility) 3490 NW 2nd Avenue, 2nd Floor 3490 NW 2nd Avenue, 2nd Floor (Street Address of Principal Office) 6. (Mailing Address) Miami, FL 33127 Miami, FL 33127 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address:

Registered agent's acceptance:

Plantation

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.

C T Corpo	ration System
Ry: Mudde Helling	Meredith Hellwig, Assistant Secretary
	(Registered agera's signature)

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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
nanage [up to six (6) total]:	

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
☐ Manager	Name:	□Manager	Name: Lee Hnetinka	
	Address: 3490 NW 2nd Avenue, 2nd Flo	□Member	Address:	
☐ Authorized	Miami, FL 33127	□Authorized	3490 NW 2nd Avenue, 2nd Floor	
Person		Person	Miami, FL 33127	
□Other	-	CEO ©Other		
∐Manager	Name: Lee Hnetinka	□Manager	Name: Lee Hnetinka 20	
□Member	Address:	□Member	Address: e/o Darkstore, Inc.	
□Authorized	3490 NW 2nd Avenue, 2nd Floor	☐ Authorized	3490 NW 2nd Avenue, 2nd Floor	
Person	Miami, FL 33127	Person	Miami, FL 33127 rg 5	
CFO Other		Secretary  Secretary	Other	
□Manager	Name:	□Manager	Name:	
□Mcmber	Address:	□Member	Address:	
□Authorized		☐ 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. 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.

lee Amerinka	
Signature of an authorized person	
Lee Hnetinka, Chief Executive Officer	
Evned or printed name of signee	



Page 1

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

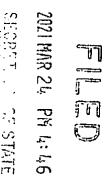
DELAWARE, DO HEREBY CERTIFY "DS FASTAF, LLC" IS DULY FORMED UNDER

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-THIRD DAY OF MARCH, A.D. 2021.

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



3305263 8300

SR# 20211013949

Authentication: 202803556

Date: 03-23-21