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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

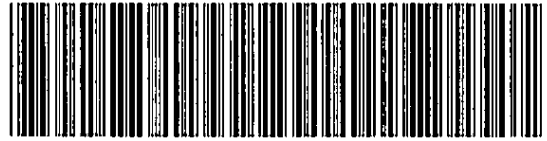
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W21000052343

Office Use Only



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2021 APR 28 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

YS  
4/28/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 18, 2021

LEIGH H. SAVAGE  
10 SOUTH MAIN STREET  
SUITE 401  
MOUNT CLEMENS, MI 48043

SUBJECT: DAYTONA 633, LLC  
Ref. Number: W21000052343

We have received your document for DAYTONA 633, LLC and your check(s) totaling \$255.00. 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) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 921A00007950

**DBS** DAVIS BURKET  
SAVAGE LISTMAN

Attorneys at Law

Leigh H. Savage

t: (586) 469-4300

f: (586) 469-1755

lhsavage@dbsattorneys.com

www.dbsattorneys.com

March 31, 2021

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

Via Federal Express

Re: Daytona 633, LLC, a Delaware Limited Liability Company – Application by Foreign  
Limited Liability Company for Authorization to Transact Business in Florida and  
accompanying Fictitious Name Registrations

Dear Sirs/Madam:

On behalf of our client, Daytona 633, LLC, a recently organized Delaware  
limited liability company, we enclose the following:

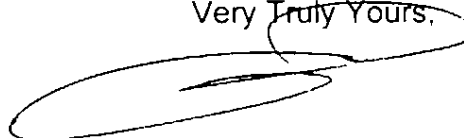
1. Cover letter and Application by Foreign Limited Liability Company to  
Transact Business in Florida (the "Application");
2. Certificate of Formation dated March 15, 2021 issued by the Delaware  
Secretary of State.

Accompanying the Application are two (2) Fictitious Name Registrations for  
Daytona 633, LLC. I would normally have waited for return of the filed Application  
and assignment of a document number before submitting the Fictitious name forms.  
However, my client is under time constraints which require simultaneous issuance if  
at all possible. We respectfully request the Fictitious Name filings simultaneous with  
the filing of the Application.

We have also enclosed our check in the amount of \$255.00 representing the  
filing fees for the Application and two (2) fictitious names.

Thank you for your assistance in processing the documents. If you have any  
questions please contact me at 586-489-3877.

Very Truly Yours,



Leigh H. Savage

LHS/tmj

cc: Daytona 633, LLC

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DAYTONA 633, 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:

LEIGH H. SAVAGE, ATTORNEY

Name of Person

DBS ATTORNEYS

Firm/Company

10 SOUTH MAIN STREET, SUITE 401

Address

MOUNT CLEMENS, MI 48043

City/State and Zip Code

lhsavage@dbsattorneys.com

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

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2021 APR 28 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

LEIGH H. SAVAGE

586 489-3877  
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. DAYTONA 633, 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. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5331 VISTA CLUB RUN  
(Street Address of Principal Office)

6. 5331 VISTA CLUB RUN  
(Mailing Address)

SANFORD, FL 32771

SANFORD, FL 32771

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


Name: DINO LASALA

Office Address: 5331 VISTA CLUB RUN

SANFORD 32771  
\_\_\_\_\_, 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.*

  
\_\_\_\_\_  
(Registered agent'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 manage [up to six (6) total]:

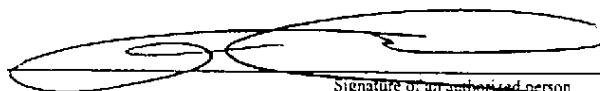
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: DINO LASALA	<input checked="" type="checkbox"/> Manager	Name: JEANNE LASALA
<input type="checkbox"/> Member	Address: 5331 VISTA CLUB RUN	<input type="checkbox"/> Member	Address: 5331 VISTA CLUB RUN
<input type="checkbox"/> Authorized	SANFORD, FL 32771	<input type="checkbox"/> Authorized	SANFORD, FL 32771
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
<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

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**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  
 LEIGH H. SAVAGE, ATTORNEY-AUTHORIZED AGENT  
 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 "DAYTONA 633, 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 THIRTEENTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAYTONA 633, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MARCH, A.D. 2021.

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

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SECRETARY OF STATE  
TALLAHASSEE, FL



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SR# 20211270091

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Jeffrey W. Bullock, Secretary of State

Authentication: 202952545

Date: 04-13-21