

M21000005057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

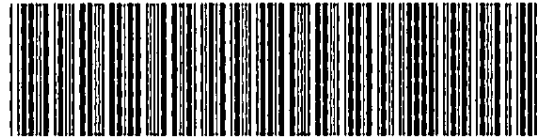
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000043134

Office Use Only



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03/16/21--01031--022 **160.00

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2021 APR 28 PM 4: 06

SECRETARY OF STATE
TALLAHASSEE, FL

4/28/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2021

MAURIZIO NARDI
17156 BONITA LN W.
SUGARLOAF KEYS, FL 33042

SUBJECT: DRTM GROUP LLC
Ref. Number: W21000043134

We have received your document for DRTM GROUP LLC and your check(s) totaling \$160.00. 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: 821A00006746

RECEIVED

APR 26 2021

COVER LETTER

TO: Registration Section
Division of Corporations
DRTM GROUP LLC.

SUBJECT: _____
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:

Maurizio Nardi

_____	Name of Person
DRTM GROUP LLC.	
_____	Firm/Company
17156 Bonita Ln W.	
_____	Address
Sugarloaf Keys, FL 33042	
_____	City/State and Zip Code
maurino77@me.com	
_____	E-mail address: (to be used for future annual report notification)

2021 APR 28 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

For further information concerning this matter, please call:

Maurizio Nardi	646	2200389
_____	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:

DRIM GROUP LLC.

1. _____
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
A.D.K. GROUP 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.")
Delaware 86-2179635

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

17156 Bonita Ln W

17156 Bonita Ln W

5. _____
(Street Address of Principal Office)

Sugarloaf Key, FL 33042

6. _____
(Mailing Address)

Sugarloaf Key, FL 33042

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

Maurizio Nardi

Name: _____

17156 Bonita Ln W

Office Address: _____

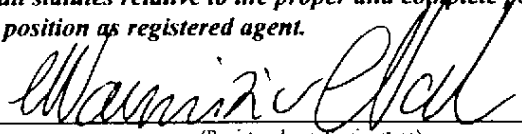
Sugarloaf Key

33042

_____, 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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TALLAHASSEE, FL

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:**
Dominik Andreas Zimmerli
☐ Manager Name: _____
207 Virginia Street
☒ Member Address: _____
Key West, FL 33040
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
Todd Michael Bankhead
17156 Bonita Ln W
☒ Member Address: _____
Sugarloaf Key, FL 33042
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: _____ **Name and Address:**
Ronald Kenneth Hebert Jr.
☐ Manager Name: _____
207 Virginia Street
☒ Member Address: _____
Key West, FL 33040
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

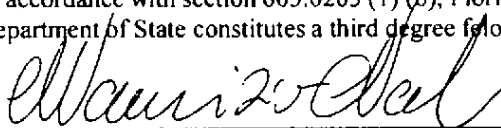
☐ Manager Name: _____
Maurizio Nardi
17156 Bonita Ln W
☒ Member Address: _____
Sugarloaf Key, FL 33042
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ 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

Maurizio Nardi

Typed or printed name of signer

Delaware

The First State

Page 1

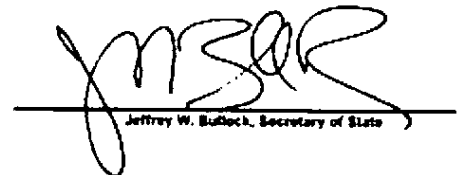
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DRTM GROUP LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DRTM GROUP LLC" WAS FORMED ON THE TWELFTH DAY OF FEBRUARY, A.D. 2021.

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

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2021 APR 28 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FL




Jeffrey W. Bullock, Secretary of State

5098051 8300

SR# 20211191366

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

Authentication: 202903150

Date: 04-06-21