

M21000006849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

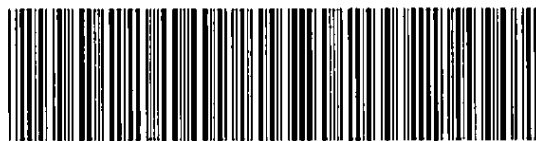
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

5-18-21
w21-69820 Kyle B.

COS

Office Use Only



800366147508

05/28/21--01002--003 **5.00

05/18/21--01001--013 **125.00



ALLAHASSEE, FLORIDA

2021 MAY 17 PM 4:51

CLERK OF STATE
ALLAHASSEE, FLORIDA

2021 JUN -7 AM 8:33

FILED

JUN -8 2021

M. SOLOMON

FLORIDA CAPITAL COURIER SERVICES, INC.
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

DL INVESTMENT HOLDINGS, LLC

(Business Name)

Document #

☒ Walk in

____ Pick up time ____

____ Mail out

____ Will wait

____ Photocopy

____ Certified Copy

____ Certificate of Status

NEW FILINGS

____ Profit

____ Not for Profit

☒ Limited Liability

____ Domestication

____ Other

AMENDMENTS

____ Amendment

____ Resignation of R.A. Officer/Director

____ Change of Registered Agent

____ Dissolution/Withdrawal

____ Merger

OTHER FILINGS

____ Annual Report

____ Fictitious Name

____ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

____ Foreign

____ Limited Partnership

____ Reinstatement

____ Trademark

____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DL INVESTMENT HOLDINGS 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:

Lisandra Estevez, Esq.

Name of Person

Di Pietro Partners, PLLC

Firm/Company

901 E. Las Olas Blvd., Suite 202

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

service@ddpalaw.com

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

For further information concerning this matter, please call:

Lisandra Estevez

954

712-3070

Name of Contact Person

at ()

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JUN -7 AM 8:33

FILED

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. DL INVESTMENT HOLDINGS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. 81-3577160
(EPL number, if applicable)

4. 08/03/2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5389 NOB HILL RD
(Street Address of Principal Office)

6. 5389 NOB HILL RD
(Mailing Address)

Sunrise, FL 33351

Sunrise, FL 33351

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

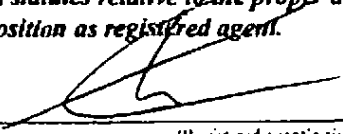
Name: AARON DURALL

Office Address: 5389 NOB HILL RD

SUNRISE, Florida 33351
(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)

CLERK OF STATE
TALLAHASSEE, FLORIDA

2021 JUN - 7 AM 8:33

FILED

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: Stennett Morgan

☐ Member Address: 7400 NW 5th Place, Apt. 207

☐ Authorized Margate, FL 33063

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

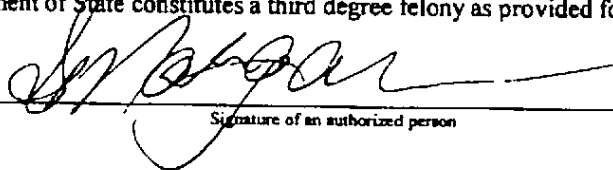
Person _____

☐ 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

Stennett Morgan

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 THAT THE CERTIFICATE OF FORMATION OF "DL INVESTMENT HOLDINGS LLC", WAS RECEIVED AND FILED IN THIS OFFICE THE THIRD DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY CEASED TO BE IN GOOD STANDING ON THE FIRST DAY OF JUNE, A.D. 2020, BY REASON OF NEGLECT, REFUSAL, OR FAILURE TO PAY AN ANNUAL TAX, BUT REMAINS A DOMESTIC LIMITED LIABILITY COMPANY FORMED UNDER CHAPTER 18 OF TITLE 6.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DL INVESTMENT HOLDINGS LLC" WAS FORMED ON THE THIRD DAY OF OCTOBER, A.D. 2006.




Jeffrey W. Bullock, Secretary of State

4229589 8300X

SR# 20211895221

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

Authentication: 203243219

Date: 05-19-21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2021

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: DL INVESTMENT HOLDINGS, LLC
Ref. Number: W21000069820

2021 JUN -7 PM 4:20

RECEIVED

We have received your document for DL INVESTMENT HOLDINGS, LLC .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

Certificate of Status indicates Delaware. However, line number 2 indicates
"Georgia".

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 421A00011690