M21000007254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUN 14 2021

M. SOLOMON

CR2E027 (1/19)

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DNCSI SOLUTIONS, 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:

STACEY MCLAUGHLIN
Name of Person

DNCSI SOLUTIONS, LLC
Firm/Company

14510 MJ Rd
Address

MYAKKA CITY, FL 34251
City/State and Zip Code

DNCSISOLUTIONS@AOL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

STACEY/JARED MCLAUGHLIN
Name of Contact Person

at (941) 253-6500/6570
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

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. DNCSI SOLUTIONS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A
(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. TN
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 41-2207375
(FEI number, if applicable)

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

5. 14510 MJ Rd.
MYAKKA CITY
FLORIDA 34251
(Street Address of Principal Office)

6. 14510 MJ Rd.
MYAKKA CITY
FL. 34251
(Mailing Address)

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

Name: STACEY MCLAUGHLIN

Office Address: 14510 MJ Rd.

MYAKKA CITY (City), Florida 34251 (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)

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:
☑ Manager	Name:	STACEY MCCLAUGHLIN	☐ Manager	Name:	
☑ Member	Address:	14510 MJ RD.	☐ Member	Address:	
☐ Authorized	____	MYAKKA CITY FL 34257	☐ Authorized	____	
Person	____		Person	____	
☐ Other	____	☐ Other	☐ Other	____	☐ Other
☐ Manager	Name:		☐ Manager	Name:	
☐ Member	Address:		☐ Member	Address:	
☐ Authorized	____		☐ Authorized	____	
Person	____		Person	____	
☐ Other	____	☐ Other	☐ Other	____	☐ Other
☐ Manager	Name:		☐ Manager	Name:	
☐ Member	Address:		☐ Member	Address:	
☐ Authorized	____		☐ Authorized	____	
Person	____		Person	____	
☐ Other	____	☐ Other	☐ Other	____	☐ 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. 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.

Signature of an authorized person

STACEY W. MCCLAUGHLIN

Typed or printed name of signee

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

STACEY MCLAUGHLIN
14510 MJ RD
MYAKKA CITY, FL 34251

May 21, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0418857

Issuance Date: 05/21/2021
Copies Requested: 1

Document Receipt

Receipt # : 006378081 Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3807296201 $20.00

Regarding: **DNCSI SOLUTIONS, LLC**

Filing Type:	Limited Liability Company - Domestic	Control # :	524244
Formation/Qualification Date:	07/03/2006	Date Formed:	07/03/2006
Status:	Active	Formation Locale:	TENNESSEE
Duration Term:	Perpetual	Inactive Date:	
Business County:	SEVIER COUNTY		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

DNCSI SOLUTIONS, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

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