

7/13/22, 10:27 AM

Division of Corporations

Florida Department of State  
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To:

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Account Number : FCA000000023  
Phone : (954)208-0845  
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### Foreign Limited Liability Company DSTG Services, LLC

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Certified Copy	1
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Estimated Charge	\$155.00

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S. ROBERTS

JUL 13 2022

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

DSTG Services, LLC

1. \_\_\_\_\_ (Name of Foreign Limited Liability Company; may include "Limited Liability Company," "L.L.C.," or "LLC")

(b) name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.C."

## Delaware

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

3. \_\_\_\_\_ (TIN number if applicable)

May 9, 2022

4. \_\_\_\_\_ Date first transacted business in Florida, if prior to registration, \_\_\_\_\_  
(see items 605-606 & 605-605.5, U.S. tax determination table)

500 5th Avenue, 52nd Floor  
5. \_\_\_\_\_  
(Street Address of Principal Office)

500 5th Avenue, 52nd Floor

New York, NY 10110

New York, NY 10110

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

## C T Corporation System

1200 South Pine Island Road  
Office Address:

Plantation \_\_\_\_\_, Florida 33324  
(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.*

By: C T Corporation System  Olga Hinkel, Vice President  
(Registered agent's signature)

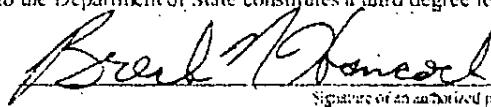
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Breck N. Hancock	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 500 5th Avenue, 82nd Floor	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	New York, NY 10110	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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"/> 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	_____

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

Breck N. Hancock, Manager

Typed or printed name of signer

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DSTG SERVICES, 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 TWELFTH DAY OF JULY, A.D. 2022.

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



5612146 8300

SR# 20222967500

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

A handwritten signature in black ink that reads "JWB". Below the signature, the text "Jeffrey W. Bullock, Secretary of State" is printed in a smaller font.

Authentication: 203895799

Date: 07-12-22