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COVER LETTER

eren ri	D&DSK Lake City, LLC	
20R1F		me of Limited Liability Company
		y Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter	r to the following:
	Elliott Davies	
		Name of Person
	D&DSK Operations, LLC	
		Firm/Company
	3735-B Beam Road	
		Address
Existenc	Charlotte, NC 28217	
		City/State and Zip Code
	elliott@capeam.com	
	E-mail address: (to	be used for future annual report notification)
For fur	ther information concerning this matter, please	call:
	Elliott Davies	704 299-6200
	Name of Contact Person	at () Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tananassee, T.E. 52514	Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DI \$125.00 Filing Fee \$130.00 Filing I	EPARTMENT OF STATE





September 13, 2022

ELLIOTT DAVIES 3735-B BEAM RD CHARLOTTE, NC 28217

SUBJECT: D&DSK LAKE CITY, LLC

Ref. Number: W22000116019

We have received your document for D&DSK LAKE CITY, LLC and your check(s) totaling \$130.00. 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.

Letter Number: 622A00020368

Tracy L Lemieux Regulatory Specialist II

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida. The alter	nate name must include "Limited Lia	bility Company," "L.L.C," or "L
Mecklenburg County, N			-4314786	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FE) numbe	r, if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration) ne penalty liabi	hty)	
3735-B Beam Road			35-B Beam Road	
eet Address of Principal Office)		6	(Mailing Address)	
Charlotte, NC 28217		Ch	arlotte, NC 28217	
·			 5	1000
				4S 2
Name and street address Name:	ss of Florida registered agent: (P.O. Box Elliott Davies	NOT acco	eptable)	P 29 AM 18: 49
Office Address:	4652 W. US Hwy 90		_	- 6
	Lake City		32055 , Florida	

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: Elliott Davies	□Manager	Name:		
□Member	Address: 3735-B Beam Road	□Meinber	Address:	<u> </u>	
■Authorized	Charlotte, NC 28217	□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	

<u>Important Notice:</u> 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.

Whot &	e e	
	Signature of an authorized person	
Elliott Davies		
	Typed or printed name of signee	



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

D&DSK LAKE CITY, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 2nd day of November, 2016

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

my hand and affixed my official seal at the City of Raleigh, this 16th day of September, 2022.

IN WITNESS WHEREOF, I have hereunto set

Secretary of State

6 laine I Marshall

Certification# 114282513-1 Reference# 19033780- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification