

MZ3000002773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Filed Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WZ3-25141

Office Use Only



900398249759

2023 FEB 22 PM 2:04

FILED

2023 FEB 22 AM 11:37

RECEIVED

ALLAHBASSEY, LORNA

MAR 06 2023
K. Brumby



FILE 2ND

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2023

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: DREAM VALLEY CAPITAL, LLC
Ref. Number: W23000025141

We have received your document for DREAM VALLEY CAPITAL, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L22000015435.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 323A00004312

RECEIVED
2023 MAR -3 PM 3:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 514906 7593518

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : February 21, 2023

ORDER TIME : 8:59 AM

ORDER NO. : 514906-010

CUSTOMER NO: 7593518

FOREIGN FILINGS

NAME: DREAM VALLEY CAPITAL, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

DREAM VALLEY CAPITAL LLC
144 Teaser Drive
Fuquay-Varina, NC 27526

March 1, 2023

TO WHOM IT MAY CONCERN

Dear Sir or Madam:

Please let this letter serve as the written consent of Dream Valley Capital LLC, a Florida limited liability company registered under Document Number L22000015435 for whom Articles of Dissolution have been filed, to the use of the name Dream Valley Capital LLC as a Foreign Limited Liability Company in the State of Florida.

Please be further advised that both entities are under common ownership by the undersigned and that the undersigned is filing an Application by Foreign Limited Liability Company For Authorization to Transact Business in Florida.

Very truly yours,

DREAM VALLEY CAPITAL LLC

By: _____


Shamilee Kumar

Member and Authorized Representative

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dream Valley Capital 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:

Monica Castro, Paralegal

Name of Person

Silverang, Rosenzweig & Haltzman, LLC

Firm/Company

900 East 8th Avenue, Suite 300

Address

King of Prussia, PA 19406

City/State and Zip Code

mcastro@sanddlawyers.com

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

For further information concerning this matter, please call:

Monica Castro, Paralegal

610

263-0118

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:

1. Dream Valley Capital, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. North Carolina 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)

5. 144 Teaser Drive
(Street Address of Principal Office)

6. 144 Teaser Drive
(Mailing Address)

Fuquay Varina, NC 27526

Fuquay Varina, NC 27526

Wake County

Wake County

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

Name: Sharmilee Kumar

Office Address: 5984 Windsor Forest Drive

Jacksonville, Florida 32210
(City) (Zip code)

2023 FEB 22 PM 2:04

RECEIVED
AND
FILED

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.

Sharmilee Kumar

By: _____

(Registered agent's signature)

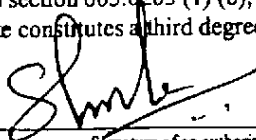
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Sharmilee Kumar	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 144 Teaser Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Fuquay Varina, NC 27526	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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"/> 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"/> 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

Sharmilee Kumar

Typed or printed name of signer



NORTH CAROLINA

Department of the Secretary of State

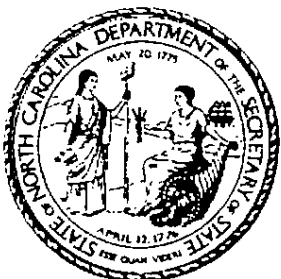
CERTIFICATE OF EXISTENCE (Limited Liability Company)

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

DREAM VALLEY CAPITAL LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 17th day of August, 2020

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.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 21st day of February, 2023.

Elaine F. Marshall

Secretary of State