M23000003898

	(Requestor's Name)
	(Address)
_	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
	copies Certificates of Status
	ral Instructions to Filing Officer:

Office Use Only



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MAR 2 7 2023 K. Brumbie) CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 517980 4813078

AUTHORIZATION :

COST LIMIT : \$ 125.00 Clade

FOREIGN FILINGS

ORDER DATE: February 22, 2023

ORDER TIME : 2:03 PM

ORDER NO. : 517980-005

CUSTOMER NO: 4813078

NAME: DCL PORT FACILITIES, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

•		COVER LETTER				
	Registration Section Division of Corporations					
SUBJEC"	DCL Port Facilities, LLC					
50 Bat.()		of Limited Liability Company				
The enclos Existence.	sed "Application by Foreign Limited Liability C , and check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.				
Please reti	urn all correspondence concerning this matter to	the following:				
		Name of Person				
		Name of Ferson				
	Firm/Company					
		Address				
	Ci	ty/State and Zip Code				
	E-mail address: (to be	used for future annual report notification)				
For further	r information concerning this matter, please call	:				
_	Name of Contact Person	at () Area Code Daytime Telephone Number				
	lailing Address:	Street Address:				
	Registration Section	Registration Section				
	Division of Corporations 2.O. Box 6327	Division of Corporations The Centre of Tallahassee				
	allahassee, FL 32314					
1	ananassec. 1 L 32314	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

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:

If name unavariable, enter alternate no	imited Liability Company; must include "Limited immediate the purpose of transacting business in Flo					
	ame adopted for the purpose of transacting business in Flo					
		orida. The altern	ate name must include "Limited Liabilit	ty Company," "L.E.C," or "L.E.		
Delaware		95	5-4531091			
2. (Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)			
1						
· .	(Date first transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determine	egistration) ne penalty liabil	ity)	_		
210 Celebration Place			500 South Buena Vista Street			
Street Address of Principal Office)			6. (Mailing Address)			
Suite 400		Bui	rbank, CA 91521			
Celebration, FL 3474	7					
7. Name and street address	of Florida registered agent: (P.O. Box	<u>NOT</u> acce	ptable)	2023 MAR 24		
Name:	Corporation Service Company					
Office Address:	1201 Hays Street		_	- F		
	Tallahassee (Ciry)		32301 , Florida			

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.

Corporation Service Company

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:	<u>Title or Capacity:</u>	Name and Address:	
□Manager	Name:Disney Enterprises, Inc.	□Manager	Name: Chakira H. Gavazzi	
■Member	Address: 500 South Buena Vista St.	□Member	Address: 500 South Buena Vista St.	
□Authorized	Burbank, CA 91521	■Authorized	Burbank, CA 91521	
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	

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.

Chaffin A. Surayy Signature of an authorized person



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DCL PORT FACILITIES, 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 TWENTY-THIRD DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DCL PORT FACILITIES, LLC" WAS FORMED ON THE TWELFTH DAY OF MAY, A.D. 1995.

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



Authentication: 202777421

Date: 02-23-23