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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

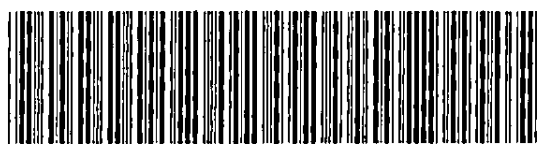
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DASREP, 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:

Bhagwandeem Persad

\_\_\_\_\_  
Name of Person

DASREP, LLC

\_\_\_\_\_  
Firm/Company

7938 Chilton Dr

\_\_\_\_\_  
Address

Orlando, FL, 32836

\_\_\_\_\_  
City/State and Zip Code

bpersad@dasrep.com

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

For further information concerning this matter, please call:

Bhagwandeem Persad

340

643-7663

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. DASREP, Limited Liability Company  
(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. United States Virgin Islands 3. 66-0864859  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. No transactions was conducted in Florida.  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>7938 Chilton Dr.</u> (Street Address of Principal Office)	6. <u>7938 Chilton Dr.</u> (Mailing Address)
<u>Orlando, FL</u>	<u>Orlando, FL</u>
<u>32836</u>	<u>32836</u>

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

Name:	<u>Bhagwandeem Persad</u>
Office Address:	<u>7938 Chilton Dr.</u>
	<u>Orlando</u> , Florida <u>32836</u>
	(City) (Zip code)

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**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.*

 2/15/24  
(Registered agent's signature)

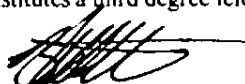
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Bhagwandeem Persad	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 7938 Chilton Dr.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Orlando, Florida, 32836	<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.



2/15/24

Signature of an authorized person

Bhagwandeem Persad

Typed or printed name of signer



**Government of  
The United States Virgin Islands**

-O-

*Office of the Lieutenant Governor  
Division of Corporations & Trademarks*

# **CERTIFICATE OF GOOD STANDING**

To Whom These Presents Shall Come:

I, the undersigned Lieutenant Governor the United States Virgin Islands, do hereby certify that **DASREP, LLC** has filed in the Office of the Lieutenant Governor the requisite annual reports and statements as required by the Virgin Islands Code, and the Rules and Regulations of this Office. In addition, the aforementioned entity has paid all applicable taxes and fees to date, and has a legal existence not having been cancelled or dissolved as far as the records of my office show.

Wherefore, the aforementioned entity is duly formed under the laws of the Virgin Islands of the United States, is duly authorized to transact business, and, is hereby declared to be in good standing as witnessed by my seal below. This certificate is valid through June 30th, 2024.

**Entity Type:** Domestic Limited Liability Company

**Entity Status:** In Good Standing

**Registration Date:** 07/08/2016

**Jurisdiction:** United States Virgin Islands, United States

Witness my hand and the seal of the Government of the United States Virgin Islands, on this 15th day of February, 2024.



A handwritten signature in black ink, reading "Tregenza A. Roach".

Tregenza A. Roach  
Lieutenant Governor  
United States Virgin Islands

Corp No. 586577

**GOVERNMENT OF  
THE VIRGIN ISLANDS OF THE UNITED STATES**

— 0 —

**CHARLOTTE AMALIE, ST. THOMAS, VI 00802**

**CERTIFICATE OF EXISTENCE**

**To All To Whom These Presents Shall Come:**

I, OSBERT E. POTTER, Lieutenant Governor of the Virgin Islands do hereby certify that I am, by virtue of the laws of the Virgin Islands, the custodian of the corporate records and the proper officer to execute this certificate.

I further certify that the records of this office disclose that

**DASREP, LLC**

**Limited Liability Company**

was duly registered to conduct business in the Territory on **July 8, 2016** and has a legal existence as a Limited Liability Company so far as the records of this office show.

Witness my hand and the seal of the Government of the Virgin Islands of the United States, at Charlotte Amalie, St. Thomas, this 18th day of July, 2016.



OSBERT E. POTTER

Lieutenant Governor of the Virgin Islands

I certify that this is a true and correct copy  
of a record in the possession of

*Bhagwandeen Puroad*  
dated 10/23/23  
Signature [Signature]

Territory of the U.S. Virgin Islands  
Judicial District of St. Thomas-St. John  
Sworn and subscribed before me  
The 23 day of 10, 2023

LaVerne Slack  
Notary Public NP-596-23  
Commission Expires 03-18-2027