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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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## COVER LETTER

TO:

**Registration Section** 

| Div                          | vision of Corporations   |  |  |  |  |  |
|------------------------------|--|--|--|--|--|--|
| SUBJECT:                     | DARBONNIER TACTICAL SUPPLY, LI   | LC DBA: DTS LLC  |  |  |  |  |
| SOBJECT                      | Name of Limited Liability Company  |  |  |  |  |  |
| The enclosed<br>Existence, a | d "Application by Foreign Limited Liability nd check are submitted to register the above   | Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida. |  |  |  |  |
| Please returi                | n all correspondence concerning this matter t  | to the following:  |  |  |  |  |
|                              | SHAWN KURTZ  |  |  |  |  |  |
|                              |  | Name of Person   |  |  |  |  |
|                              | DARBONNIER TACTICAL SUPPLY   | Y, LLC   |  |  |  |  |
|                              | Firm/Company   |  |  |  |  |  |
|                              | 105 LEWIS ST, #103 SUITE 311   |  |  |  |  |  |
|                              |  | Address  |  |  |  |  |
|                              | FORT WALTON BEACH, FL 32547  |  |  |  |  |  |
|                              | (  | City/State and Zip Code  |  |  |  |  |
|                              | shawn@dtacticalsupply.com  |  |  |  |  |  |
|                              | E-mail address: (to b  | e used for future annual report notification)  |  |  |  |  |
| For further i                | information concerning this matter, please ca  | di:  |  |  |  |  |
| SI                           | IAWN KURTZ   | 360 499-4903<br>at ( )   |  |  |  |  |
|                              | Name of Contact Person   | at () Area Code Daytime Telephone Number   |  |  |  |  |
| Re<br>Di<br>P.o              | egistration Section lyision of Corporations O. Box 6327 allahassee, FL 32314   | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303           |  |  |  |  |
| Ple                          | closed is a check for the following amount: ease make check payable to: FLORIDA DE \$125,00 Filing Fee  \$130.00 Filing Fe Certificate | ee & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate  |  |  |  |  |

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

IN COMPLANCE 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 i             | name adopted for the purpose of transacting business in Flor  | ida. The alterna                  | te name must include "Limited I | iability Company,"  | ' "L.L.C," or    | c"LLC       |
|---|---|-----------------------------------|---------------------------------|---------------------|------------------|-------------|
| WA  |   |                                   | 2989915                         |                     |                  |             |
| (Jurisdiction under the law of w                | hich foreign limited liability company is organized)  |                                   | (FEI num                        | ber, if applicable) |                  | <del></del> |
| N/A   |   |                                   |                                 |                     |                  |             |
|   | (Date first transacted business in Florida, if prior to re<br>(See sections 605 0904 & 605,0905, F.S. to determin | gistration.)<br>e penalty liabilí | (y)                             |                     |                  |             |
| 951 NE 21ST CT                                  |   |                                   | LEWIS ST, #103 SUI              | ГЕ 311              |                  |             |
| treet Address of Principal Office)              |   |                                   | (Mailing Address)               |                     |                  | _           |
| OAK HARBOR, WA 98277                            |   | FOI                               | RT WALTON BEACH                 | , FL 32547          |                  |             |
| Name and street address                         | ss of Florida registered agent: (P.O. Box   | NOT accep                         | otable)                         |                     |                  |             |
|   | ss of Florida registered agent: (P.O. Box SHAWN KURTZ   | <u></u>                           | otable)                         |                     | 202              | <del></del> |
| Name and street address  Name:  Office Address: |   | NOT acce                          | otable)                         |                     | 5651 SED 1       |             |
| Name:   | SHAWN KURTZ   | <u>NOT</u> accep                  | 32547                           |                     | 2001 500 1.9 151 |             |
| Name:   | SHAWN KURTZ  105 LEWIS ST, #103 SUITE 311   | NOT accep                         |                                 |                     | 2881 5 to 1988   |             |

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]:

. . . . .

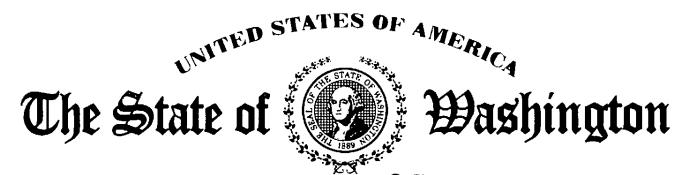
| Title or Capacity: | Name and Address:                    | Title or Capacity: | Name and Address:            |
|--------------------|--------------------------------------|--------------------|------------------------------|
| □Manager           | Name: BRITTNI DARBONNIER             | ■Manager           | Name: MELISSA WITTMEYER      |
| ■Member            | Address: 105 LEWIS ST, #103 SUITE 3) | □Member            | Address: 483 SOUTHLAKE BLVD  |
| □Authorized        | FORT WALTON BEACH, FL 32547          | □Authorized        | NORTH CHESTERFIELD, VA 23236 |
| Person             |                                      | Person             |                              |
| □Other             | Other                                | □Other             | Other                        |
| <b>≅</b> Manager   | Name: PAULA ESTURO                   | □Manager           | Name:                        |
| □Member            | Address:                             | □Member            | Address:                     |
| □Authorized        | OAK HARBOR, WA 98277                 | □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.

| Shih                              |
|-----------------------------------|
| Signature of an authorized person |
| SHAWN ICORTZ                      |
| Typed or printed name of signee   |





Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

**OF** 

### DARBONNIER TACTICAL SUPPLY LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 06/14/2013.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 09/17/2024 UBI Number: 603 310 373

to R Hobbie

STATE OF THE STATE

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 09/17/2024