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. (Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

REVISED APPLICATION PER REF # W14000042623. PAYMENT ALREADY SENT. LETTER # 314A00014916

SUBJECT:

### DIGITAL INFORMATION SERVICES, 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:

Michael Carpenter				
Name of Person				
Digital Information Services, LLC				
Firm/Company				
10425 Dalebrooke Lane				
Address				
Potomac, MD 20854				
City/State and Zip Code				
mike@digitalgovernment.net				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

Michael Carpenter

**"**,301

762-1051

Name of Contact Person

Area Code

Daytime Telephone Number

#### **MAILING ADDRESS:**

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

#### **STREET ADDRESS:**

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$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



July 10, 2014

MICHAEL CARPENTER 10425 DALEBROOKE LN POTOMAC, MD 20854

SUBJECT: DIGITAL INFORMATION SERVICES, LLC

Ref. Number: W14000042623

We have received your document for DIGITAL INFORMATION SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 314A00014916

SECRETARY STRAINERS

## 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. DIGITAL INFORMATION SERVICES, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.(	3.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The altern Liability Company," "L.L.C," or "LLC.")	ate name must include "Limited
2. MARYLAND 3. 52-2278330	
(Jurisdiction under the law of which foreign limited liability (FEI number, if a	pplicable)
company is organized)  4 9 JULY 2014	
<b>T,</b>	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	•
5. 10425 DALEBROOKE LANE	
POTOMAC, MD 20854	ال <b>ال کار</b> 315ار
(Street Address of Principal Office)	
6. 10425 DALEBROOKE LANE	
POTOMAC, MD 20854	<b>말</b> 중요한
(Mailing Address)	1: 2
7. The name, title or capacity and address of the person(s) who has/have authority to	to manage is/are:
MICHAEL CARPENTER, MANAGER	
10425 DALEBROOKE LANE	
POTOMAC, MD 20854	
8. Attached is an original certificate of existence, no more than 90 days old, duly aut having custody of records in the jurisdiction under the law of which it is organized. acceptable. If the certificate is in a foreign language, a translation of the certificate u must be submitted)	(A photocopy is not
Signature of an authorized person	
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of p	erjury that the facts stated herein are true. 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.)

#### MICHAEL CARPENTER

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	the Limited Liability Company		
DIGITAL	_ INFORMATION	SERVICES, LLC	
If unavailable, t	he alternate to be used in the sta	te of Florida is:	
2. The name an	nd the Florida street address of the	ne registered agent and office are:	
	REGISTERED /	AGENTS INC.	SECIKE VISIONE
		(Name)	—————————————————————————————————————
3030 N. Rocky Point Dr., STE 150A			PH 200
Florida Street Address (P.O. Box NOT ACCEPTABLE)		4: 24	
	Tampa	33607	<b>-</b>

City/State/Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Dan Keen - President

(Signature)

\$ 100.00
\$ 25.00
\$ 30.00
\$ 5.00
Certified Copy (optional)
\$ 5.00
Certificate of Status (optional)

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT DIGITAL INFORMATION SERVICES, LLC, REGISTERED OCTOBER 31, 2000, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 07, 2014.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097