

M18000004582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

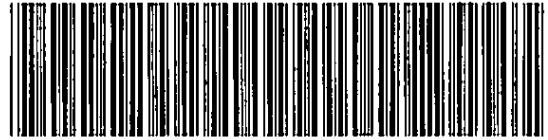
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

PAW18-39590

Office Use Only



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04/23/18--01044--011 **130.00

FILED
18 MAY 10 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
MAY 14 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2018

DARCY JOHNSON
12447 W FAIRVIEW AVE
MILWAUKEE, WI 53226

SUBJECT: DYNAMIC SOLUTIONS WORLWIDE, LLC (DYNATRAP)
Ref. Number: W18000039590

RECEIVED
2018 MAY 10 AM 11:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for DYNAMIC SOLUTIONS WORLWIDE, LLC (DYNATRAP) and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 618A00008662

Hello-

We received the attached document in error. We knew

we needed to correct the form. Please see changes made

to the updated form. I spoke with Karen @ your location on what to correct. We have sent back the 2nd page as it's not related to Dynamic Solutions.

Please let me know if you have any questions.

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. Dynamic Solutions Worldwide, LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Dynamic Solutions Worldwide, LLC (DynaTrap)
(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. Wisconsin 3. 27-2775187
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 5/1/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine perjury liability)

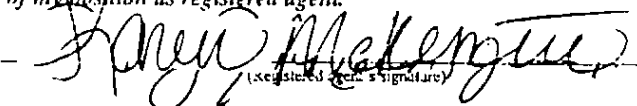
5. 12447 W Fairview Ave
(Street Address of Principal Office)
Milwaukee WI 53226

6. 12447 W Fairview Ave
(Mailing Address)
Milwaukee, WI 53226

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 STATE OF FLORIDA
 DEPARTMENT OF STATE

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: DynaTrap Entomologist Research Center / Karen McKenzie
 Office Address: 2226 Sarno Rd Suite 104
Melbourne, Florida 32935
(City) (Zip code)

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.


(Registered agent's signature)

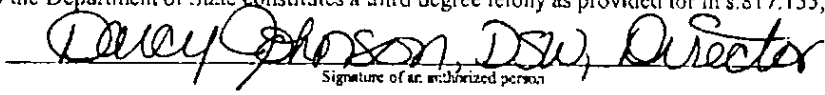
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Director of Finance</u>	<u>Darcy Johnson</u> <u>12447 W Fairview Ave</u> <u>Milwaukee WI 53226</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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

Darcy Johnson
Typed or printed name of signee

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



~~To All to Whom These Presents Shall Come, Greeting:~~

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

DYNAMIC SOLUTIONS WORLDWIDE, LLC

is a foreign corporation or foreign limited liability company authorized or registered to transact business in Wisconsin and that its date of qualification or registration is June 14, 2010.

I further certify that said organization has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 181.1622 or 183.0120, Wis. Stats.; that it has not applied for a certificate of withdrawal under ss. 180.1520, 181.1520 or 183.1011, Wis. Stats.; and that it is not the subject of a proceeding under ss. 180.1531, 181.1531 or 183.1021, Wis. Stats., to revoke its certificate of authority or registration.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 17, 2018.

A handwritten signature in cursive script that reads "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **218404-EFDB95DF**