

M23000016109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

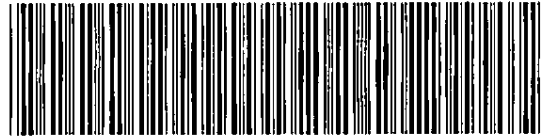
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-169232

Office Use Only



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2023 DEC 21 PM 4:06

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2023 DEC 21 AM 11:56

RECEIVED

SECRETARY OF STATE
151 E. WASHINGTON
ANN ARBOR MI 48106

DEC 28 2023

K. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2023

CT

CORRECTED
Please Allow For
Same File Date

SUBJECT: DYNAMIC CAPTIONING, LLC
Ref. Number: W23000169232

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

The name on the document and the name on the certificate do not match.,

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 423A00029146

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2023 DEC 27 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 12/21/2023

Acc#I20160000072

will

Name:	DYNAMIC CAPTIONING LLC
Document #:	
Order #:	15284007 - 4

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

will.joslin@gray.tv

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 155.00

Thank you!

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 Captioning LLC
(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. Michigan
(Jurisdiction under the law of which foreign limited liability company is organized)

3.
(FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 4370 Peachtree Road NE
(Street Address of Principal Office)

Atlanta, Georgia 30319

6. 445 Dexter Avenue, Suite 7000
(Mailing Address)

Montgomery, Alabama 36104

Attn: Legal Department

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

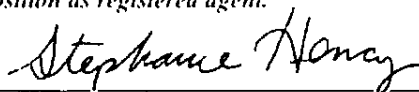
Plantation, Florida 33324
(City) (Zip code)

2023 DEC 21 PM 4:06

RECEIVED
FILED

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)

Stephanie Hencz Assistant Secretary

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:**

☒ Manager Name: Hilton H. Howell, Jr.

☐ Member Address: 4370 Peachtree Road NE

☐ Authorized Atlanta, Georgia 30319

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: D. Patrick LaPlatney

☐ Member Address: 4370 Peachtree Road NE

☐ Authorized Atlanta, Georgia 30319

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Kevin P. Latek

☐ Member Address: 4370 Peachtree Road NE

☐ Authorized Atlanta, Georgia 30319

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Brenda Clark

☐ Member Address: 4370 Peachtree Road NE

☒ Authorized Atlanta, Georgia 30319

Person _____

☒ Other Vice President/GM ☐ Other _____

☐ Manager Name: Ellenann Yelverton

☐ Member Address: 445 Dexter Avenue, Suite 7000

☒ Authorized Montgomery, Alabama 36104

Person _____

☒ Other Secretary ☐ Other _____

☐ Manager Name: Robin Collins

☐ Member Address: 4370 Peachtree Road NE

☒ Authorized Atlanta, Georgia 30319

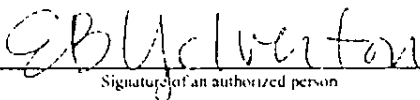
Person _____

☒ Other Vice President, Tax ☐ 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.

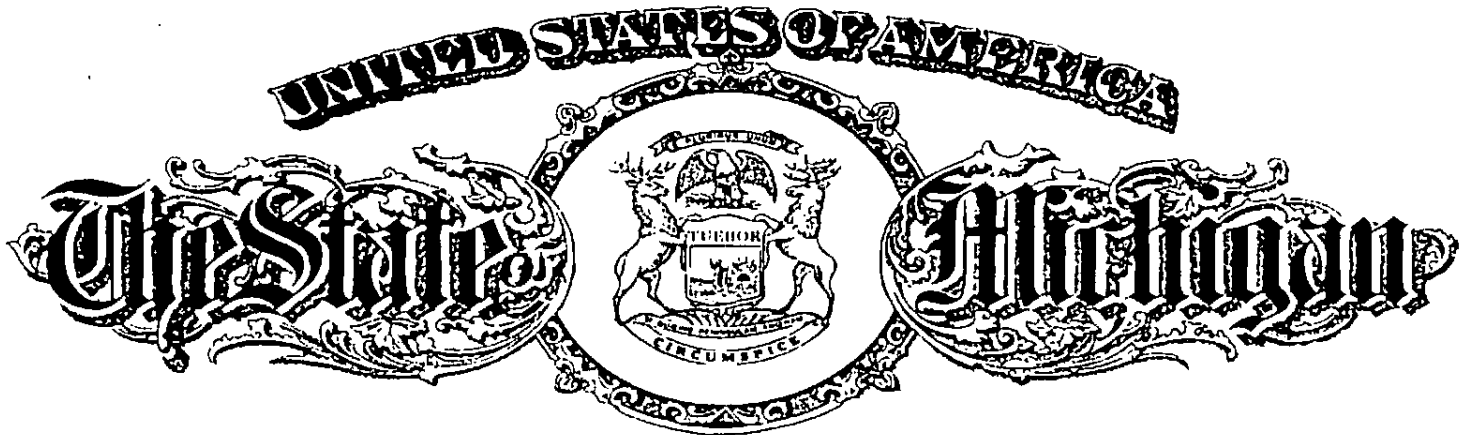
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.


Signature of an authorized person

Ellenann B. Yelverton

Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

DYNAMIC CAPTIONING LLC

*was validly authorized on May 20 , 2010, as a Michigan
DOMESTIC LIMITED LIABILITY COMPANY
and said limited liability company is validly in existence under the laws of this state and has satisfied its
annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is
in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.*



*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 19th day of December , 2023.*

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 23120467104