Requester's Name 376 Zinna Dr Address Casselberry F	32707	00 11 35
City/State/Zip	Phone #	Office Use Only
CORPORATION NAME(S)		S), (if known):
(Corporation Name)	(Document	#) 4000042712741 -05/18/0101082002 ****160.00 ****160.00
2(Corporation Name)	(Document	
3(Corporation Name) 4	(Document :	#)
(Corporation Name)	(Document	#)
☐ Walk in ☐ Pick up ☐ Mail out ☐ Will wa		Certified Copy Certificate of Status
NEW FILINGS	AMENDMENTS	<u>s</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of Change of Resignation/V Dissolution/V Merger	
OTHER FILINGS	REGISTRATIO	N/QUALIFICATION = 6
Annual Report Fictitious Name	Foreign Limited Partn Reinstatemen Trademark Other	nership

Examiner's Initials

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: DAINAFIELD. LLC (Name of foreign limited liability company) DELAWARE (Jurisdiction under the law of which forcign limited liability company is organized) FEBRUARY 27, 2001 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) UPON AUTHORIZATION (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 💢 8. If limited liability company is a manager-managed company, check here 🗌 9. The name and usual business addresses of the managing members or managers are as follows: 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3). F.S., the execution of this document constitutes an affirmation under the penaltica of perjury that the facts stated heroin are true.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
DAINAFIELD, LLC	-
2. The name and the Florida street address of the registered agent and office are:	
THOMAS LAY	
(Name)	
1700 SUNSET DRIVE	
Florida street address (P.O. Box NOT ACCEPTABLE)	
LONGWOOD FI. 32750 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 608, F.S	k Marie Ma Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Ma Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Ma Marie Marie Marie Marie Marie Marie Marie Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma
Juston (Signature)	
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	

Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

5.00

State of Delaware Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAINAFIELD, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF MAY, A.D. 2001.

01 WAY 18 PH II: 06

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Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 1134107

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DATE: 05-15-01