## M02000000845

| (R€                     | equestor's Name)   |           |
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| (Ac                     | ldress)            |           |
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| (Cit                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nam  | ne)       |
| (Do                     | cument Number)     |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
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|                         |                    |           |
|                         | Office Use Only    |           |



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SECRETARY OF STATE ALLAHASSEE. FLORIDA

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## ||| 12 PM

### **COVER LETTER**

TO:

Registration Section

| Division of                                   | Corporations                  |   |  |  |
|---|-------------------------------|---|--|--|
| SUBJECT. Pro                                  | Design Solutions              |   |  |  |
| SUBJECT: 110                                  |                               | reign Limited Liability C                     | Company)                               |  |
| Dear Sir or Madam:                            |                               |   |  |  |
|   |                               |   |  |  |
| The enclosed applic                           | ation, certificate and fee(s) | are submitted for filing.                     |  |  |
| Please return all cor                         | respondence concerning thi    | s matter to the following                     | <b>;</b> :                             |  |
| Robert Leav                                   | vitt                          |   |  |  |
|   | (Name of Person)              |   | -                                      |  |
|   |                               |   |  |  |
| Lowis & Gel                                   |                               |   | _                                      |  |
|   | (Firm/Company)                |   |  |  |
|   |                               |   |  | 2.5<br>2.5<br>3.5<br>3.5<br>3.5<br>3.5<br>3.5<br>3.5<br>3.5<br>3.5<br>3.5<br>3 |
| 200 W. Ada                                    | ms Street, Suite              | 1900  | _                                      |  |
|   | (Address)                     |   |  |  |
| Chicago, IL                                   | 60606                         |   |  | SE   |
|   | (City/State and Zip Co        | de)   | -                                      | ∌''  |
|   |                               |   |  |  |
| For further informat                          | ion conceming this matter,    | please call:                                  |  |  |
| Robert Leavit                                 | •                             | at ( 312                                      | 364-2500                               |  |
|   | ame of Person)                |   | Daytime Telephone Number)              |  |
|   |                               |   |  |  |
|   | COURIER ADDRESS:              |   | ING ADDRESS:                           |  |
| Registration Section Division of Corporations |                               | Registration Section Division of Corporations |  |  |
| Clifton Building P.O. Box 6327                |                               |   |  |  |
| 2661 Exect                                    | ntive Center Circle           | Tallah  | assee, Florida 32314                   |  |
| Tallahassee                                   | , Florida 32301               |   |  |  |
| Enclosed is a check                           | for the following amount      | :   |  |  |
| ✓ \$25 Filing Fee                             | ☐\$30 Filing Fee &            | □\$55 Filing Fee &                            | \$60 Filing Fee,                       |  |
|   | Certificate of Status         | Certified Copy                                | Certificate of Status & Certified Copy |  |

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

### SECTION I (1-3 must be completed)

| 1.       | Name of limited liability company as it appears on the records of the Florida Department of State: Pro Design Solutions, LLC   | of        |
|----------|--|-----------|
| 2.       | Jurisdiction of its organization: Georgia  |           |
| 3.       | Date authorized to do business in Florida: April 2,2002  |           |
|          | SECTION II (4-7 complete only the applicable changes)  |           |
|          | If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 3/21/06   | 21 JUL 90 |
| 5.       | · 1 · · · · · · · · · · · · · · · · · ·  |           |
|          | If the amendment changes the period of duration, indicate new period of duration:  | PM 1: 12  |
| 7.       | If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  |           |
| 8.       | If the amendment corrects any false statement, indicate the statement being corrected and the correction:  |           |
| <u> </u> | Attached is an original certificate, no more than 90 days old, evidencing the aforementions amendment(s), duly authenticated by the official having custody of records in triguistication under the law of which this entity is organized.  Signature of a member or the authorized representative of a member |           |
|          | Alan R. Taylor   |           |
|          | Typed or printed name of signee  |           |

Filing Fee: \$25.00

## STATE OF GEORGIA

## Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

# CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### DYNAMIC INNOVATIONS OF SARASOTA, LLC

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 02/01/1999 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 11th day of July, 2006

Cathy Cox Secretary of State

Certification Number: 173682-1 Reference: Pro Design

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp