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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

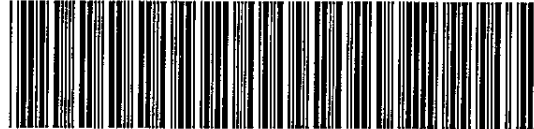
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN FEB 19 2004

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January 29, 2004

Florida Secretary of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Re: Dealer Impact Systems, L.L.C.
Our File No. 34199

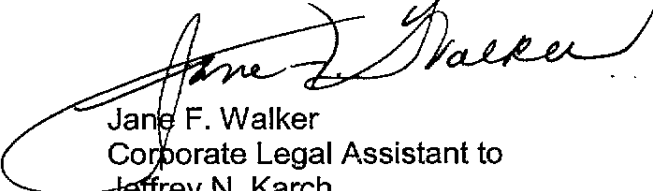
Ladies and Gentlemen:

Enclosed please find an original and one copy of an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above-referenced entity. I enclose as well an original Certificate of Existence from the Iowa Secretary of State, as well as a check payable to the Florida Secretary of State in the amount of \$125.00 to cover your filing fees.

Please return a file-stamped copy of the enclosed Application to the undersigned in the envelope provided for your convenience.

Should you have any questions, please do not hesitate to give me a call.

Yours very truly,



Jane F. Walker
Corporate Legal Assistant to
Jeffrey N. Karch

JFW/cmc
Enclosures

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Dealer Impact Systems, L.L.C.
(Name of foreign limited liability company)
2. Iowa
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 39-1946535
(FEI number, if applicable)
4. November 25, 1998
(Date of Organization)
5. November 23, 2098
(Duration: Year limited liability company will cease to exist or "perpetual")
6. May, 2003
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.153, F.S.))
7. 7725 Douglas Avenue, Urbandale, IA 50322

(Street address of principal office)

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:

Brian T. Cox, 8119 Hardwick Drive, Johnston, IA 50131

George M. Lammers, P.O. Box 1056, Lake Geneva, WI 53147

Laurie J. Harper, 2511 SE 18th Court, Des Moines, IA 50320

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: Web Design/Hosting

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 penalties of perjury that the facts stated herein are true.)

Brian T. Cox, Manager/Member

Typed or printed name of signer

**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:

Dealer Impact Systems, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

NRAI Services, Inc.

(Name)

526 E. Park Avenue

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

(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.

NRAI Services, Inc.

By: 

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED
2004 FEB 10 AM 7:40
JAMES F. MURRE, DIST. SECY
TALLAHASSEE, FLORIDA

IOWA

Date: 02/05/2004

SECRETARY OF STATE

490DLC-000222928
DEALER IMPACT SYSTEMS, L.L.C.
DREHER SIMPSON AND JENSEN PC
ATTN: JANE WALKER
604 LOCUST ST, STE 222
DES MOINES, IA 50309

FILED
2004 FEB 10 AM 7:40
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

Name: DEALER IMPACT SYSTEMS, L.L.C.
Date of Organization: 11/25/1998
Duration: PERPETUAL

I, CHESTER J. CULVER, Secretary of State of the State of Iowa, custodian of the records of limited liability companies, certify that the limited liability company named on this certificate was duly organized under the laws of Iowa on the date printed above, that all fees required by the Iowa Limited Liability Company Act have been paid, and that articles of dissolution have not been filed.



A handwritten signature in cursive script that reads "Chester J. Culver".

CHESTER J. CULVER SECRETARY OF STATE