₩001/006 Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

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(((H04000179597 3)))

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Division of Corporations

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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations		·	
SUBJ	ECT: DREVENSTEDT CONSULT	TING, LLC		
	(Name	of Limited Liability Company)	-	•
Floric	nclosed "Application by Foreign Limital," Certificate of Existence, and checity company to transact business in Flo	ited Liability Company for Authorization to k are submitted to register the above refere orida	o Transact Busin nced foreign lim	ness in nited
Please	e return all correspondence concerning	g this matter to the following:		
	DALE BARNE	:TT		
		(Name of Person)		
	ARNOLD, MATHENY & EAGAN, F	P.A.	****	
		(Firm/Company)		manual and a
	801 N. MAGNOLIA AVENUE, SUI	ITE 201		F - CO MAN
		(Address)	r 1-5	
	ORLANDO, FLORIDA 3280	03	-	· · · · · · · · · · · · · · · · · · ·
	(0	City/State and Zip Code)		
For fu	rther information concerning this mat	ter, please call:	•	
	DALE BARNETT	at (407) 841-1550		
	(Name of Person)	(Area Code & Daytime Telepho	one Number)	•
	STREET ADDRESS:	MAILING ADDRESS:		
	Registration Section .	Registration Section		
	Division of Corporations	Division of Corporations		
	409 E. Gaines Street	P.O. Box 6327		
	Tallahassee, Florida 32399	Tallahassee, Florida 32314		
Enclos	sed is a check for the following amour	nt:		
	☐ \$125.00 Filing Fee ☐ \$130.00 Filing		Filing Fee, Certifica	

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

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

(Name of Foreign Limited	d Lia	bility Company)		
Georgia	3	n/a		
(Jurisdiction under the law of which foreign limited liability company is organized)	y	(FEI number, if applicable)	-	•
January 7, 2002	5.	perpetual	_	
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	-	
September 1, 2004				
(Date first transacted business in F (See sections 608.501 & 608.502 F.	Florid .S. to	da, if prior to registration.) o determine penalty liability)	_	
1093 A1A Beach Boulevard, #378			-	.:-
St. Augustine, Florida 32080	:	PS B		
(Street Addres	ss of	Procingitificat	11	
. If limited liability company is a manager-manage	ed co	ompany, check here	-	
. The name and usual business addresses of the ma	anag	ing members or managers are as follows:		
Linda Drevenstedt, Manager		<u> </u>		
1093 A1A Beach Boulevard, #378				- ·
St. Augustine, Florida 32080				
 Attached is an original certificate of existence, no more than 90 to jurisdiction under the law of which it is organized. (A photocoanslation of the certificate under oath of the translator must be substantial.) 	opy is	s not acceptable. If the certificate is in a foreign language, a	cords in	٠
1. Nature of business or purposes to be conducted of	or p	romoted in Florida: consulting		<u>-</u> .
1165	A	a o		*
		orized representative of a member.		٠
(In accordance with section 608.408(3),		, the execution of this document constitutes		

Typed or printed name of signee

Lehn E. Abrams

HO400017.9597 3

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. 11(O)	e of the Limited Liability	y Company is:	
Drevenstedt	Consulting, LLC		
2. The nam	e and the Florida street a	ddress of the registered agent and offic	e are:
	AM&E Services LLC		
		(Name)	
	801 N. Magnolia Aver	nue, Suite 201	Fig. 3
	Florida St	reet Address (P.O. Box NOT ACCEPTABLE)	ARETA E
	Oriando,	FL 32803	
		City/State/Zip	Tes A
	named as registered agei	nt and to accept service of process for th	
liability com agent and ag relating to th	ne proper and complete pe	ted in this certificate, I hereby accept the properties. I further agree to comply with the properformance of my duties, and I am familied agent as provided for in Chapter 608,	visions of all statutes ar with and accept the

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

но400017 9597 3

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0201988
DATE INC/AUTH/FILED: 01/07/2002
JURISDICTION : GEORGIA
PRINT DATE : 08/30/2004
FORM NUMBER : 211

CSC SPITTARD 1201 HAYS STREET TALLAHASSEE, FL 32301

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

DREVENSTEDT CONSULTING, LLC A GEORGIA LIMITED LIABILITY COMPANY

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20040830153221514



Cathy Cox Secretary of State