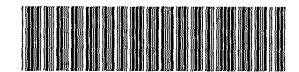
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PICK-UP	<b>WAIT</b>	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	1
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Office Use Only



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DIVISION OF CORPERATIONS

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
BJECT: DHS Systems LLC (Name of Limited Liability Company)			
	CCT: DHS Systems LLC (Name of Limited Liability Company)  closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in "Certificate of Existence, and check are submitted to register the above referenced foreign limited company to transact business in Florida.  Tara Sheridan (Name of Person)  DHS Systems LLC (Firm/Company)  33 Kings Highway (Address)  Orange burg. NY 10962-1802 (City/State and Zip Code)  ther information concerning this matter, please call:  Tara Sheridan (Name of Person)  At (8H5) 359-6066 ext-118 (Area Code & Daytime Telephone Number)  MAILING ADDRESS: Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  d is a check for the following amount:     \$\  \  \  \  \  \  \  \  \  \  \  \  \  \		
Please return all correspondence concerning this ma	Corange burg, NY 10962-1802  (City/State-and Zip Code)  Cerming this matter, please call:  at (245) 359-6066 ext.118  (Area Code & Daytime Telephone Number)  SS:  STREET ADDRESS:  Division of Corporations  Clifton Building  14 2661 Executive Center Circle  Tallahassee, FL 32301  Following amount:  Kisto.00 Filing Fee & \$\square\$		
Tara Sh	neridan.		
(Nar	ne of Person)		
D+ S Sys	tems LLC		
33 Kings	5 Highway (Address)		
Orange bu	rg. NY 10962-1802. te and Zip Code)		
For further information concerning this matter, plea	se call:		
Tara Sheridan (Name of Person)	_at ( <u>845</u> ) <u>359-6066 ext.118</u> (Area Code & Daytime Telephone Number)		
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle		
Enclosed is a check for the following amount:  \$\Boxed{1}\$125.00 \text{ Filing Fee} \text{\$\boxed{1}}\$130.00 \text{ Filing Fee} \text{\$\boxed{Certificate of S}}\$			

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

	COMPLIANCE WITH SECTION BOXSUS, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO REGISTER A MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	, POREIGIV
1.	DHS Systems LLC (Name of Foreign Limited Liability Company)	<del></del>
2.	State of New York (Jurisdiction under the law of which foreign limited liability)  3. 13-3862638 (FEI number, if applicable)	<u>.</u>
	December 4.1995 (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease exist or "perpetual")	to
6.	(Date first transacted business in Florida, if prior to registration.)	<u>_</u>
7.	(See sections 608.501 & 608.502 F.S. to determine penalty liability)  33 Kings Highway	SECRETA VISION OF
	Orangeburg, NV 10962-1802	1800 : 1008 : 10 A B I
8.	If limited liability company is a manager-managed company, check here	STATI
9.	The name and usual business addresses of the managing members or managers are as follows:	OH,
	A. Jon Prusmack. 33 King Highway. Orangeburg. Ny 10962-1802	
	Samuel Marrone, 33 Kings Highway, Orangeburg, Ny 10902-18	
	Francis Finelli, 1001 Pennsylvania Ave, Washington, DC 20004	<u>- 2</u> 505
the.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, islation of the certificate under oath of the translator must be submitted.)	
11.	. Nature of business or purposes to be conducted or promoted in Florida: Sales office	
	numbrits.	
	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.)	. 44
	Nelson Weinstein  Typed or printed name of signee	- '
	i voen ar namen name at statee	

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DHS SYSTEMS

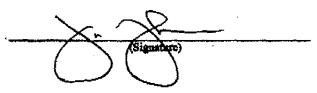
PAGE 02

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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:
	DHS Systems LLC
<b>2</b> .	The name and the Plorida street address of the registered agent and office are:
	Jeff Jackson_
	5810 A. Hwy 189 V Florida Street Address (F.O. Box NOT ACCEPTABLE)
	Baker, FL 32531

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, Florida Statutes.



\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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## State of New York Department of State } ss:

I hereby certify, that DHS SYSTEMS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/08/1995, and that the Limited Liability Company is existing so far as shown by the records of the Department.

\*\*\*

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 13th day of December two thousand and six.

Special Deputy Secretary of State

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