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To:

Division of Corporations

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From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242

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Fax Number : (215) 977-9386

AL

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

D.C.M. of Florida, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00



September 11, 2007

## FLORIDA DEPARTMENT OF STATE Division of Corporations

M. BURR KEIM COMPANY

SUBJECT: D.C.M. OF FLORIDA, LLC. 1995

REF: W07000044762

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other fillings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to theend of the name is not acceptable. A search for name availability can be made on the Internet through the Division s records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filling of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist FAX Aud. #: E07000225412 Letter Number: 407A00053741

P.O BOX 6327 - Tallahassee, Florida 32314

(((H070002254123)))

## 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

	ENTITED CHARLES COME AND TO TRANSACT BOSHIESS IN THE STATE OF FILARITA:							
	1. D.C.M. of Florida, LLC							
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")							
	Dimension Construction of Florida, LLC							
State of	If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written.							
	consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability							
•	Company," "L.L.C.," "LLC.")							
	2. New Jersey 3. 3. A death of the second of							
	(Jurisdiction under the law of which foreign limited liability) (FEI number; if applicable)							
	어느 하는 그는 그들은 그들은 이 아이들이 아니는 아이들이 어느 아이를 가지 않는데 아이들이 되었다.							
185757 A	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")							
***	6. Upon authorization							
m gray - meno Ludalizaria - mu	(Data first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)							
W 1: 67 JA . W	그는 그							
EST SON	7. 241 Main Street, West Creek, NJ 08092							
Fa NY 858	And the state of t							
PO A ALVE	(Streat Address of Principal Office)							
5 44 54	The state of the s							
	8. If limited liability company is a manager-managed company, check here							
	O. The name and usual business address address after a second and a second a second and a second and a second and a second and a second a second and							
1	9. The name and usual business addresses of the managing members or managers are as follows:							
	Brian Abbey 6900 Philips Highway, Suite 15, Jacksonville, FL 32216							
	$\cdot$ ,							
	10. Attached is an original certificate of existence, no more than 90 days old, duty 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 eath of the translator must be submitted.)							
[								
1	11. Nature of business or purposes to be conducted or promoted in Florida: Construction							
/								
	KLEON WKKEN							
	Signature of a member or an authorized representative of a member.							
	In accordance with acction 602.408(3), F.S., the ejectution of this document constitutes an affirmation under the pounties of perjuty that the facts stated berein any true.							
•	Brian Abbey							
	Typed or printed name of signee							

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Section 1

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## 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 th	e Limited Liability Comp	oany is:	•			
D.C.M. of F	lorida, LLC	A Finished St.	ti sa		- Design	in so
If name unavailab	le, the alternate name to b	e used in the sta	te of Florida is	gradian and the second	TE, T. JANT.	meri h
	struction of Florida the Florida street address		agent and offi	ce are: Acc	700	12.22.22.22 3. 14. 10065 N
	Brian Abbey	(Name)		ALT/RY.0	SEP II	
		NWay, Suite ress (P.O. Box NO	T ACCEPTABLE)	FLIDRID		
<u>J</u> :	acksonville	FL City/State/Zip	32216	<del></del>		

Having been named as registured 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. Thather 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 posttoph 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 JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

D.C.M. OF FLORIDA, LLC 0600303255

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 29, 2007.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Danielle Abbey 241 Main St West Creek, NJ 08092



Certification# 111199259

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Offical Seal at Trenton, this 10th day of September, 2007

Bradley Abelow State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/3SP/Verify\_Cert.jsp