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| (Requestor's Name)                      | •    |
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| PICK-UP WAIT N                          | 1AIL |
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| Certified Copies Certificates of Status |      |
| Special Instructions to Filing Officer: |      |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA 2007 NOV 20 PM 5: 07





Florida Division of Corporations New Filing Section/Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

October 24, 2007

Florida Division of Corporations,

Please find enclosed the Application For Authorization and fee for DMK & Associates, LLC. Please note that I have included a self addressed stamped envelope for your convenience for return proof of filing. They have hired Cornerstone Support, Inc. to file this on their behalf. If you have any questions, please feel free to call me at 770-587-4595.

#### Confidentiality Notice

This submission and any attachments, contain information from Cornerstone Support, Inc. and are intended solely for the use of the named recipient or recipients. This submission may contain privileged or confidential communications. Any dissemination of this submission by anyone other than an intended recipient is strictly prohibited from any further viewing of the information or any attachments or from making any use of the information or attachments. If you believe you have received this information in error, notify the sender immediately and permanently destroy the information, any attachments, and all copies thereof.

Please mail any correspondence to: Cornerstone Support, Inc.

Attn: Janet Teague 11111 Houze Rd, Suite 200 Roswell, GA 30076

Sincerely,

Janet Teague

Licensing Specialist

Cornerstone Support, Inc.

ennort.com

#### **COVER LETTER**

| SUBJECT:       | DMK & Assoc                       | iates, LLC   |
|----------------|-----------------------------------|--|
|                | (Name of                          | Limited Liability Company)   |
| Florida," Cert |                                   | Liability Company for Authorization to Transact Business in<br>re submitted to register the above referenced foreign limited<br>da |
| Please return  | all correspondence concerning th  | is matter to the following:  |
|                | Jan                               | et Teague  |
|                |                                   | (Name of Person)   |
|                | Corne                             | erstone Support, Inc.  |
|                |                                   | (Firm/Company)   |
|                | 11111                             | Houze Road, Suite 200  |
|                |                                   | (Address)  |
|                | Ros                               | well, GA 30076   |
|                | (Cit                              | y/State and Zip Code)  |
| For further in | formation concerning this matter, | please call:   |
| Ja             | net Teague                        | at (_770) 587-4595   |
|                | (Name of Person)                  | (Area Code & Daytime Telephone Number)   |
| MAIL           | ING ADDRESS:                      | STREET ADDRESS:  |
|                | on of Corporations                | Division of Corporations   |
|                | ox 6327                           | Clifton Building   |
|                | assee, FL 32314                   | 2661 Executive Center Circle   |



Florida Division of Corporations Leslie Sellers New Filing Section/Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

November 26, 2007

Leslie Sellers,

Please find enclosed the certificate of authority application and the written consent to adopt alternate name for DMK & Associates, LLC. Per your letter, the filing fee totaling \$155.00 has been deposited. Please see Reference Number W07000054543. If you have any questions, please feel free to call me at 770-587-4595.

#### Confidentiality Notice

This submission and any attachments, contain information from Cornerstone Support, Inc. and are intended solely for the use of the named recipient or recipients. This submission may contain privileged or confidential communications. Any dissemination of this submission by anyone other than an intended recipient is strictly prohibited from any further viewing of the information or any attachments or from making any use of the information or attachments. If you believe you have received this information in error, notify the sender immediately and permanently destroy the information, any attachments, and all copies thereof.

Please mail any correspondence to:

Cornerstone Support, Inc.

Attn: Janet Teague

11111 Houze Rd, Suite 200

Roswell, GA 30076

Sincerely,

Janet Teague

Licensing Specialist

Cornerstone Support, Inc.

ennort.com



### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 5, 2007

JANET TEAGUE CORNERSTONE SUPPORT, INC. 11111 HOUZE ROAD, STE. 200 ROSWELL, GA 30076

SUBJECT: DMK & ASSOCIATES, LLC

Ref. Number: W07000054543

We have received your document for DMK & ASSOCIATES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.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 liability company suffixes in Florida: "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 filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 507A00064366

## 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:

| DMK & Assoc  | · · · · · · · · · · · · · · · · · · ·                       | (Name o  | of Foreign                             | Limited L  | iability (                               | ompany)   |  |                                       |                             |                             |                            |   |
|--|---|--|--|--|--|---|--|---------------------------------------|-----------------------------|-----------------------------|----------------------------|---|
| IL   |   |  |  | 3  |  |   | 2:                                     | 6-08761                               | 10                          |                             |                            |   |
| Jurisdiction under<br>ompany is organi   |   | which foreig   | gn limited                             | liability  | •  | (FE   | l numb                                 | er, if ap                             | plicab                      | le)                         |                            |   |
| ompany is organi   | •   |  |  |  |  |   |  |                                       |                             |                             |                            |   |
| (Da  | 9/<br>ite of Organ  | 10/07  |  | _ 5  | . Per                                    | petual<br>stion: Year   | limited                                | liability                             | comp                        | nv will                     | cease t                    |   |
| (50  | ,,, o, o, g,,,,   |  |  |  | exist                                    | or "perpetu   | ıal")                                  |                                       | comp                        | y                           | CCase t                    |   |
| Upon Approv  |   |  |  |  |  |   |  |                                       |                             |                             |                            |   |
|  | (Da<br>(Sce s   | te first transsections 608.                            | acted busi<br>.501 & 60                | ness in Flo<br>8.502 F.S.                        | rida, if p<br>to deterr                  | rior to regist<br>nine penalty  | tration.<br>/ liabili                  | )<br>iy)                              |                             |                             |                            |   |
| 3005 Tollview  | Drive, Ste-   | -В   |  |  |  |   |  |                                       |                             |                             |                            |   |
|  | <del></del>   | <del> </del>   |  |  |  |   |  |                                       |                             |                             |                            | _ |
| Rolling Mea  | adows   |  | /Stron                                 | t Address o                                      | * Deingir                                | IL  |  |                                       | 60008                       |                             |                            | _ |
|  |   |  | (5000                                  | i Audiess i                                      | n Frincij                                | ai Office)  |  |                                       |                             |                             |                            |   |
| If limited liabi   | lity compa  | any is a ma  | anager-r                               | nanaged (  | compar                                   | y, check l  | here 🛭                                 | ₫.                                    |                             |                             |                            |   |
| <b></b>  |   |  |  |  |  | •   |  |                                       |                             | ••                          |                            |   |
| The name and   | usual bus   | iness addr   | esses of                               | the mana   | ging m                                   | embers or   | тапа                                   | gers ar                               | e as fo                     | ollows                      | :                          |   |
|  |   |  |  |  | <i>66</i>                                |   |  | •                                     |                             |                             |                            |   |
| Gus Demos  | -   | MGR  |  | 3005 T   | •  | Drive, Ste  |  | _                                     | adows                       | s, IL 60                    | 800                        |   |
| Gus Demos Sergio Martin  | -<br>ez -   | MGR<br>MGR   | <u>-</u>                               |  | ollview                                  |   | BRol                                   | ling Me                               |                             |                             |                            |   |
|  |   |  | -<br>-<br>R                            | 3005   | ollview                                  | Drive, Ste  | BRol                                   | ling Me                               | leado                       | ws, IL 6                    | 80008                      |   |
| Sergio Martin  | ines -<br>ginal certifica<br>the law of w<br>ficate under o | MGR MGF  atte of existent hich it is orgate of the tra | ce, no moi<br>anized. (A<br>anslator m | 3005 - 3005 re than 90 di photocopy ust be subm  | Tollview Tollvie Tollvie Tollvie Tollvie | Drive, Ste<br>w Drive, S<br>w Drive, S<br>uly authentic<br>ceptable. If i | E BROI<br>Ste BR<br>Ste BR<br>cated by | olling Me. olling M olling M olling M | leadov<br>leado<br>cial hav | ws, IL 6 ws, IL 6 wing cust | 50008<br>50008<br>ody of r |   |
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| Sergio Martin James Karagia Attached is an originistiction under station of the certif | ines -<br>ginal certifica<br>the law of w<br>ficate under o | MGR MGF  atterof existent hich it is orgath of the tra | ce, no moi<br>anized. (A<br>anslator m | 3005 - 3005 re than 90 di photocopy ust be submi | Tollview Tollvie Tollvie Tollvie Tollvie | Drive, Ste<br>w Drive, S<br>w Drive, S<br>uly authentic<br>ceptable. If i | E BROI<br>Ste BR<br>Ste BR<br>cated by | olling Me. olling M olling M olling M | leadov<br>leado<br>cial hav | ws, IL 6 ws, IL 6 wing cust | 50008<br>50008<br>ody of r |   |

## 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.

| Diffic & Pissociates | of ILLINOIS, LLC              |                    |                         |  |
|----------------------|-------------------------------|--------------------|-------------------------|--|
| The name and the     | e Florida street address of t | he registere       | d agent and office are: |  |
|                      | Corporation Service           | ce Company         |                         |  |
| <del></del>          |                               | (Name)             |                         |  |
|                      | 1201 Hays Street              |                    |                         |  |
| <del></del>          | Florida Street Address        | (P.O. Box <u>N</u> | OT ACCEPTABLE)          |  |
|                      | Tallahassee,                  | FL.                | 32301                   |  |
|                      |                               | City/Statc/Zi      | p                       |  |

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.

agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes

Ann R. Shilling, Assistant VP

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ .30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

| We, the undersigned, do hereby certify that we are the Managers and/or Managing  |
|--|
| Members of DMK & Associates, IIC   |
| (Name of Limited Liability Company)  |
| a limited liability company duly organized and existing under the laws of  |
| Illinois   |
| (State or Country of Organization)   |
| Because the name of this foreign limited liability company does not satisfy the  |
| requirements of the s. 608.406, F.S., the limited liability company hereby adopts the  |
| following name to transact business in the state of Florida:   |
| DMK & Associates of Illinois, LLC  |
| (Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.) |
| Date: 11/21/07   |
| Signature(s) of Manager(s) and/or Managing Member(s):  |
| - Mus INN/-  |
| Jan John V   |
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CR2E122 (7/07)

2007 NOV 20 PM 5: 07

File Number

0233084-9



#### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

DMK & ASSOCIATES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 10, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of

the State of Illinois, this 23RD

day of

**OCTOBER** 

A.D.

14.2007 OF 12.007 OF 12.00

Desse White

Authentication #: 0729601865

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE