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,						
(Requestor's Name)						
(Address)						
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office Use Only



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10 JAN 28 PH 2: 32 LONE TAKE OF STATE ALLAHASSEE, FLORIDA

S. HAWKES

DEC -1 2009

EXAMINER 5



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2009

CLIFF CLARK 1140 A OLD PEACHTREE ROAD DULUTH, GA 30097

SUBJECT: DP31 SYSTEMS, LLC Ref. Number: W09000052532

We have received your document for DP31 SYSTEMS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6955.

Letter Number: 009A00036962

Suzanne Hawkes Regulatory Specialist II

COVER LETTER

TO:

Registration Section

Division of C	Corporations						
SUBJECT:	DP3	31 SYSTEMS, LLC					
	ame of Limited Liability Company						
		ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida					
Please return all corre	spondence concerning this n	natter to the following:					
<u> </u>		CLIFF CLARK					
		Name of Person					
	DISCOVERY POINT						
	Firm/Company						
	1140 A OLD PEACHTREE ROAD						
		Address					
	DULUTH, GA 30097						
		City/State and Zip Code					
		K44@DISCOVERYPOINT.COM					
	E-mail address:	(to be used for future annual report notification)					
For further information	on concerning this matter, ple	ease call:					
	CLIFF CLARK	at (770) 622-2112					
	Name of Person	Area Code & Daytime Telephone Number					
MAILING A		STREET ADDRESS:					
	Corporations	Division of Corporations					
Registration P.O. Box 633		Registration Section Clifton Building					
Tallahassee,		2661 Executive Center Circle					
		Tallahassee, FL 32301					
Enclosed is a chec	ck for the following amo	ount:					
✓ \$125.00 F	Filing Fee \$130.00 Fili Certificate						
	Filing Fee \$130.00 Fili	ing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate					

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

	H SECTION 608.503, FLORIDA APANYTOTRANSACT BUSINE			ITTED TO REGI	STER A FOREIC , 6
1	DP3	1 SYSTE	MS, LLC	三	当生不
	n Limited Liability Company;	must include	"Limited Liability Company,	چ. ب	
(If name unavailable, enconsent of the managers Company," "L.L.C," "L	ter alternate name adopted for or managing members adoptinuc.")	the purpose on the purpose of the alternation	of transacting business in Floi te name. The alternate name i	ida and attach a c nust include "Lim	opy of the writte
	GEORGIA	3.	27-134	15318	10 CC
company is organized	*	liability	27-134 (FEI number, i	f applicable)	
4. NOVE	MBER 19, 2009	_ 5	PERPI	ETUAL	
(Date o	of Organization)		(Duration: Year limited liab exist or "perpetual")	ility, company wil	l cease to
6. DECEMBER 1,					
	(Date first transacted busi (See sections 608.501 & 60	ness in Florid 18.502 F.S. to	a, if prior to registration.) determine penalty liability)		
7. <u>1140 A OLD PE</u>	ACHTREE ROAD				
DULUTH, GA 3		1 Address of I	Principal Office)		
	(Silet	it Addiess of I	- Timerpai Office)		
8. If limited liability	company is a manager-r	nanaged co	mpany, check here		
9. The name and usi	ual business addresses of	the managi	ng members or manager	s are as follow:	s:
DIANE CLARK	· · · · · · · · · · · · · · · · · · ·				
1140 A OLD PI	EACHTREE RD	· <u>-</u> · - · · · · · · · · · · · · · · · · ·			<u></u> .
DULUTH, GA	30097				
the jurisdiction under the	law of which it is organized. (A	photocopy is:	not acceptable. If the certificate		•
11. Nature of busine	ess or purposes to be conc	ducted or pr	omoted in Florida:	CHILDCAR	<u>₹</u>
1140 A OLD PEACHTREE RD DULUTH, GA 30097 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: CHILDCARE 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.)					
	(In accordance with section 60)	8.408(3), F.S., 1	the execution of this document c	onstitutes	
	•	CLIFF C			
•	Typed o	r printed na	me of signee		

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:

DP31 SYSTEMS, LLC

If unavnilable, the alternate to be used in the state of Florida is:

InCorp Services, Inc.

(Name)

17888 67th Court North
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Loxahatchee | Fig. 33470

Uniting 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.

City/State/Zip

Illelle for Josep Seures - See attached lette

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Control No. 09080464

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

FILED PH 2: 32

I, Wesley B. Tailor, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seat of my office that

DP31 SYSTEMS, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 11/19/2009 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any office 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 date issued. 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 certificate is issued pursuant to 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.



WITNESS my hand and official scal of the City of Atlanta and the State of Georgia on 25th day of January, 2010

Luley B Sailor

Wesley B. Tailor Deputy Secretary of State

Certification Number 4886934-1 Reference Verify this certificate online at http://corp.sos.state.go.us/corp/soskb/verify.asp