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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

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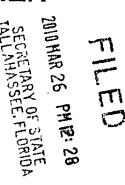
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EXAMINER



COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:			
	Name of Limited Liability Company		
	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Floriend check are submitted to register the above referenced foreign limited liability company to transact b		
Please return	n all correspondence concerning this matter to the following:		
	Harry Pavilack, Esq.		
	Name of Person		
Pavilack Law Firm, LLC			
	Firm/Company		
	Post Office Box 2740		
	Address		
	Murtle Beech, South Caroline, 20579		
	Myrtle Beach, South Carolina 29578 City/State and Zip Code	_	
	City/State and Zip Code		
	Harry.Pavilack@gmail.com		
	E-mail address: (to be used for future annual report notification)		
For further i	nformation concerning this matter, please call:	2010 HAR 26	
	Harry Pavilack at (843) 448-9471	AR 2:	T
	Name of Person Area Code & Daytime Telephone Number	6	in
<u>M</u> A	AILING ADDRESS: STREET ADDRESS:	PH 12:	
Div	vision of Corporations Division of Corporations		
	gistration Section Registration Section Section Clifton Building	28	
	D. Box 6327 Clifton Building lahassee, FL 32314 2661 Executive Center Circle		
	Tallahassee, FL 32301		
Enclosed i	s a check for the following amount:		
	\$125.00 Filing Fee \$\sum S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy		

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: DTP, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (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.") Georgia 20-8490292 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) February 20, 2007 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") Upon Registration (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 603 North Kings Highway Myrtle Beach, South Carolina 29577 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Harry Pavilack Post Office Box 2740 Myrtle Beach, South Carolina 29578 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: Real Estate investment and Development 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.)

Harry Pavilack, Attorney at Law Typed or printed name 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:	
DTP, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are	:
Daniel Pavilack (Name)	ZOIO MAR 26 SECRETARS TALLAHASS
5603 Hollywood Blvd.	——
Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH P
Hollywood, Floridga 33021 City/State/Zip	28 RIDA

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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

DTP LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 02/20/2007 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 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 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 seal of the City of Atlanta and the State of Georgia on 9th day of December, 2009

> Karen C Handel Secretary of State

Faun CHandel

Certification Number: 4726361-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp