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T. HAMPTON

APR 2 8 2010

EXAMINER

COVER LETTER

TO:

	Registration Section Division of Corporations
SUBJEC	T: DMD Holdings, LLC
	Name of Limited Liability Company
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please ret	turn all correspondence concerning this matter to the following:
	Adriana Amarei c/o Greg Bertsch
	Name of Person
	Duggan Bertsch, LLC
	Firm/Company
	303 West Madison Street, Suite 1000
	Address
	Chicago, IL 60606
	City/State and Zip Code
	bkim@dugganbertsch.com
	E-mail address: (to be used for future annual report notification)
For further	er information concerning this matter, please call:
-	Adriana Amarei at (312) 263-8600
	Name of Person Area Code & Daytime Telephone Number
	MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
]	Registration Section Registration Section
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclose	d is a check for the following amount:
[x	\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & }\text{\$155.00 Filing Fee & }\text{\$160.00 Filing Fee, Certificate Copy}\$ Certificate of Status & Certified Copy of Status & Certified Copy



ATTORNEYS AND COUNSELORS AT LAW

April 19, 2010

Privileged & Confidential Via First Class Mail

Florida Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Florida 32314

Re: Application by Foreign LLC for Authorization to Transact Business

Dear Sir or Madam:

Enclosed please find the following for the filing of **DMD Holdings I, LLC** as a Foreign Limited Liability Company for Authorization to Transact Business in Florida:

- Cover Letter;
- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- State of Alaska Certificate of Good Standing for DMD Holdings, LLC;
- Certificate of Designation of Registered Agent/Registered Office;
- Written Consent to Adopt Alternate Name for Use in the State of Florida; and
- Check in the amount of \$125.00.

Please process the filing of the application at your earliest convenience. Should you have any questions regarding the above, please feel free to contact me at the number below. Thank you for your help.

Best regards,

DUGGAN & BERTSCH, LLC

Adriana Amarei

AA/slf Encl.

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 DMD Holdings, LLC
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
Alaska
(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:
DMD Holdings I, 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: April 9 , 2010
Signature(s) of Manager(s) and/or Managing Member(s):
haul 1010 Daniel L. O'Neil, Manager
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PR 2

SIGN OF CORPORATIONS

CR2E122 (7/07)

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

	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGIS MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	TER A F	OREIGN
1.	DMD Holdings, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LL		
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LL	C.")	_
	DMD Holdings I, LLC		
con	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a consent of the managers or managing members adopting the alternate name. The alternate name must include "Limmpany," "L.L.C," "LLC.")	py of the ited Liab	e written ility
2	Alaska 3. 90-0546203 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)		
C	company is organized)		
4.	1/18/2010 5. Perpetual (Date of Organization) [Duration: Year limited liability company will		
••	1/18/2010 5. Perpetual (Date of Organization) (Duration: Year limited liability company will exist or "perpetual")	cease to	_ .c.s
6.		٠٠	₹s
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	O APR 2	NOIS VERVOS
7.			
	12901 Pond Apple Drive East Naples, FL 34119	A	
	(Street Address of Principal Office)		35
8.	If limited liability company is a manager-managed company, check here	(CO)	NOIT ME
9.	The name and usual business addresses of the managing members or managers are as follows	:	0 ,7,
	Daniel L. O'Neil - 12901 Pond Apple Drive East Naples, FL 34119		_
	Michael R. O'Neil - 539 North 103rd Street Wauwatosa, Wisconsin 53226-4315		
	Daniel H. O'Neil - 2521 Wending Drive Glendale, Wisconsin 53209-2045		_
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cus jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign landslation of the certificate under oath of the translator must be submitted.)	-	cords in
11.	. Nature of business or purposes to be conducted or promoted in Florida:		- -
	to engage principally in the business of asset management and investment		'
	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.)		
	Daniel L. O'Neil, manager		
	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:	
DMD Holdings, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
DMD Holdings I, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Daniel L. O'Neil (Name)	
(ivaille)	
12901 Pond Apple Drive East	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Naples, FL 34119	
City/State/Zip	
Florida Street Address (P.O. Box NOT ACCEPTABLE) Naples, FL 34119	

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.

(SignatuFe)

\$ 100.00

Filing Fee for Application

\$ 25.00

Designation of Registered Agent

\$ 30.00

Certified Copy (optional)

\$ 5.00

Certificate of Status (optional)

SECRETARY OF STATE DIVISION OF CORPORATION

State of Alaska Department of Commerce, Community, and Economic Development

CERTIFICATE OF GOOD STANDING

THE UNDERSIGNED, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby certifies that

DMD HOLDINGS, LLC

on the 18th day of January, 2010 filed in this office its Articles of Organization for a Limited Liability Company organized under the laws of this state.

I FURTHER CERTIFY that said Limited Liability Company is in good standing, having fully complied with all the requirements of this office.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute this certificate and affix the Great Seal of the State of Alaska on the 1st day of April, 2010.

Emil Notti Commissioner

Certification Number: 407286-1

Verify this certificate online at https://myalaska.state.ak.us/business/soskb/verify.asp