H12000001913

(Re	equestor's Name)			
(
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
400 o v				
APR 05 2012				
L. SE LLERS				

Office Use Only



200227052382

200227052382 04/04/12--01023--023 **160.00

12 APR -4 PH 2: 40
SERRETARY OF STATE

COVER LETTER

TO:

Registration Section **Division of Corporations**

N	lame of Limited Liability Compan	у	
The enclosed "Application by Foreign Limited Li Existence, and check are submitted to register the			
Please return all correspondence concerning this r	matter to the following:		
Betsy McDonald			
	Name of Person		
DHS Ventures, LLC			
	Firm/Company		
PO Box 130			
	Address		
Daphne, AL 36526			
	City/State and Zip Code		
betsy@dhsven.com			
E-mail address:	(to be used for future annual repo	rt notification)	
For further information concerning this matter, ple	ease call:		
Haymes Snedeker	_{at (} 251) 2	2430708	
Name of Person	Area Code & Daytime Tele		
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations Registration Section	Division of Corporations		
P.O. Box 6327	Registration Section Clifton Building		
Tallahassee, FL 32314			
	Tallahassee, FL 32301		
Enclosed is a check for the following amo	ount:		
\$125.00 Filing Fee \$130.00 Filing I		\$160.00 Filing Fee, Certificate	

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:

1. DHS X Ventures, LLC (Name of Foreign Limited Liability Company; must include		
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")		
(Jurisdiction under the law of which foreign limited liability	45-4594557 (FEI number, if applicable)	
	Perpetual	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	
6. Upon Qualification (Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to		
7. 713 Belrose Ave		
Daphne, AL 36526 (Street Address of	Principal Office)	
8. If limited liability company is a manager-managed co		
9. The name and usual business addresses of the manag	ing members or managers are as follows:	
PO Box 130		
Daphne, AL 36536	_	
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is	s not acceptable. If the certificate is in a foreign language, a	rds in
ranslation of the certificate under oath of the translator must be submit 11. Nature of business or purposes 10 be conducted or p		
	A TOTAL TOTAL	STOR
Hilantisk	orized representative of a member.	
(In accordance with section 608.408(3), F.S., the execution	orized representative of a member. of the the on of this document constitutes an affirmation of the the lam aware that any false information submitted in a	_
	third degree felony as provided for in s.817.155, F.S.)	

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 Con-	apany is:
DHS X Ventures, LLC	
If unavailable, the alternate to be used in t	he state of Florida is:
2. The name and the Florida street addres	s of the registered agent and office are:
CT Corporation Syster	n
	(Name)
1200 South Pine Isla	
Florida Street Ac	ddress (P.O. Box NOT ACCEPTABLE)
Plantation	FL 33324
	City/State/Zip

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.

Clo Barbare a Burke (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 Alabama Department of Revenue

Certificate of Good Standing

Mid Bay Ventures, LLC is in compliance with the requirements in Chapter 14A, Title 40, Code of Alabama 1975 relating to (Business Privilege and Corporate Shares Tax), as applicable through the taxable year 12/31/2011.

IN WITNESS WHEREOF, I hereunto set my hand this date of July 18, 2011.

Phone: 334-353-7923

Director, Individual and Corporate Tax Division

ATTEST:

Secretary

Ridard A. Hameyon

Business Privilege Tax

Request Date: July 18, 2011 Request Code: 1107184711453