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CONTACT:	Kim Weider	bach			
DATE:	08/02/12				
REF. #:	001321.1706	43			
CORP. NAME:	PAUL O. D.	AVIS, PH.D, LLC			
( ) ARTICLES OF INCO ( ) ANNUAL REPORT ( XX ) FOREIGN QUALI ( ) REINSTATEMENT ( ) CERTIFICATE OF C ( ) OTHER:	IFICATION	( ) ARTICLES OF AMENDMEN ( ) TRADEMARK/SERVICE MA	RK ( ) FICTITIO	MITED LIABILITY	
STATE FEES PF	REPAID W	ІТН СНЕСК#	FOR	2 \$ <u>125.00</u>	
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DE	BITED:		
		cos	T LIMIT: \$		
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Examiner's Initials

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

IN COL	MPLAINCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN DIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
4	Paul D. Dayls, PH.D. LLC
<u>ا</u>	Name of Foreign Limited Libbility Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
consent	e unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attack a copy of the written of the managers or managing members adopting the alternate name. The alternate name must licelude "Limited Liability by," "LLC." LiC."
2	State of Maryland 3 52-2110216
(Juri com	sdiction under the law of which foreign limited liability: (FEI number, if applicable)
4: :	July 20, 1998 5. Perpetual
**. ¢ <del></del>	July 20, 1998  5. Perpetual  (Date of Organization)  (Duration: Year limited liability company will cease to exist on perpetual):
<b>6.</b>	None Salar
· · · · · ·	(Date Virgutransported business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. <u></u>	104 Bryant's Nursery Road
<del></del>	Silver Spring, MD 20905
<del></del>	
8. ári	(Since Address of Principal Office)
9. Th	e hame and usual business addresses of the managing members or managers are as follows:
•	Dr. Paul Ö. Dayls
	104 Bryant's Nursery Road
	Silver Spring, MD 20905
the juri	ustred is an original confileace of existence, no more than 90 days old, duly authenticated by the official having custody of records in solicion under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ion, of the certificate under cath of the manstand must be submitted):
M <sub>s.</sub> N	lature of business or purposes to be conducted or promoted in Florida:
-	Any Lawful Business allowed in State of Florida
• •	Lu In
	Signature of a member or an authorized representative of a member.
	(In accordance with section 608:408(3), It.S., the execution of this document constitutes an affirmation under the
	penalties of penjury that the faces stated heroin no true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.).
	Dr. Paul O. Davis
	Trinad by invisited name of storage.

## 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:	
Paul O. Davis, PH.D., 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:	
NRAI Services, Inc.	78.03 <b>78</b>
(Name)	子の
515 East Park Avenue	2 AN SSEE.
Florida Street Address (P.O. Box NOT ACCEPTABLE)	FL
Tallahassee FL 32301	ORIGINA S
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.

NRAI Services, Inc.

By: Carol Berg, Asst. Secretary ((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 MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PAUL O. DAVIS, PH.D., LLC, REGISTERED JULY 20, 1998, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 02, 2012.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097