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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

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B. BOSTICK NOV **- 6** 2012

**EXAMINER** 

#### **COVER LETTER**

TO:

Registration Section

\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

Division of Corporations			
50505011	y Services Group, LLC		
Na	ame of Limited Liability Company		
	bility Company for Authorization to Transact Business in Florida above referenced foreign limited liability company to transact business		
Please return all correspondence concerning this m	natter to the following:		
David Kind			
	Name of Person		
Dunwoody Technology Services Group, LLC			
	Firm/Company		
3208 E. Colonial Drive	Suite 450		
	Address		
Orlando, FL 32803		<del>=</del> 77.	
	City/State and Zip Code		
david.kind@dtsg.com		S- A0N	FILED
E-mail address:	(to be used for future annual report notification)		Property Control
For further information concerning this matter, ple	ase call:	PH 3:5	
David Kind	at (407 ) 444-2770 Area Code & Daytime Telephone Number	3: 57	-
Name of Person	Area Code & Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount	unt:		

\$155.00 Filing Fee & Certified Copy

\$160.00 Filing Fee, Certificate 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:

1.	Dunwoody Technology Services Group, LLC.  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
Dī	TS Group, LLC.	
(If	Frame unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil ompany," "L.L.C," "LLC.")	
- (	Fulton County, GA (Jurisdiction under the law of which foreign limited liability company is organized)  3. 582628758 (FEI number, if applicable)	
4.	6/01/2001  (Date of Organization)  5. perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	12/1/2012	
٠.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	•
7.	3208 E. Colonial Drive Suite 450	
	Orlando, FL 32803	
	(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:	
	3208 E. Colonial Drive Suite 450	
	Orlando, FL 32803	
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receiptrisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under oath of the translator must be submitted.)	ords in
11	. Nature of business or purposes to be conducted or promoted in Florida:	
	health care performance advisory services	
	7 2 2	
	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. 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 \$ 817.155, F.S.)	

Typed or printed name of signee

David Kind

# 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 Co	ompany is:		
Dunwoody Technology Ser	vices Group, LLC.		
If unavailable, the alternate to be used in	the state of Florida is:		
DTS Group, LLC.		<b>₩</b>	
2. The name and the Florida street addre	ess of the registered agent and office are:	2 NOV -5	
David Kind		<u>i</u> m~:	
	(Name)	PM 3: OF STO OF EEO	
3208 E. Colonial Drive Suite 450		: 57	
Florida Street	Address (P.O. Box NOT ACCEPTABLE)		
Orlando	<sub>FL</sub> 32803		
	City/State/Zip	<del></del>	

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)

Control No. 0126326

# STATE OF GEORGIA

## Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### **DUNWOODY TECHNOLOGY SERVICES GROUP, LLC**

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 06/05/2001 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 2nd day of November, 2012

B: Ph

Brian P. Kemp Secretary of State

Certification Number: 9401406-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp