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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DNS VISIONS, L.L.C.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

Shawn Smith				
Name of Person				
DNS VISIONS, L.L.C.				
Firm/Company				
17336 West Little York Rd.				
Address				
Houston, TX 77084				
Citv/State and Zip Code				
Documents@ Incorp. Com				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

281

550-1080

Name of Contact 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

Fr	iclosed	ic a	check	for the	followin	g amount:
	IL USEU	15 4	CHECK	TOL CHE	101110707111	z amouni.

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

\$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: DNS VISIONS, L.L.C. (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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") i exas (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) Upon Registration (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 17336 West Little York Road Houston, TX 77084 (Street Address of Principal Office) 6 17336 West Little York Road Houston, TX 77084 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Shawn Smith, Manager Derrest Williams, Manager

17336 West Little York Road Houston, TX 77084

(ADDRESS LISTED IS FOR BOTH MANAGERS)

8. 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)

Signature of an authorized person

(In accordance with section 605.0203, 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 do ment to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Derrest Williams

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Lia	bility Company is:		
If unavailable, the alternate to b	e used in the state of Florida is:		
2. The name and the Florida str	eet address of the registered agent and office are:		
InCorp Service	s, Inc.	214	
	(Name)		
17888 67th Co	17888 67th Court North		
Flo	3 RED		
Loxahatchee	33470 FL	STATE ORDER	
	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 605, Florida Statutes.

on behalf of Incorp Services, Inc.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for DNS Visions, L.L.C. (file number 801443972), a Domestic Limited Liability Company (LLC), was filed in this office on June 23, 2011.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 30, 2014.



NANDITA BERRY

Nandita Berry Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 546963010002