

M15000002560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

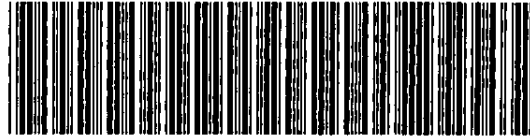
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Certified Copies _____

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15 APR - 8 PM 12:20
TALLAHASSEE, FLORIDA
CLERK OF STATE

APR - 9 2015

T. BROWN

~~M15000002560~~

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DMAR Technical Training, LLC

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:

Wade Parrish

Name of Person

Parrish & Parrish CPAs

Firm/Company

6700 S. Florida Ave Ste. 19

Address

Lakeland, FL 33813

City/State and Zip Code

ashley.moore@parrishcpas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Moore

Name of Contact Person

863

Area Code

709-8337

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:

☒ \$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



Parrish & Parrish CPAs, P.A.

6700 S. Florida Ave. #19
Lakeland, Florida 33813

Telephone: 863.709.8337
Fax: 863.709.8307
info@parrishcpas.com

April 4, 2015

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

Subject: DMAR Technical Training, LLC
Ref. Number: W15000022030

To Whom It May Concern:

The necessary corrections to the registered agent have been completed. Please proceed with filing the enclosed documents for DMAR Technical Training, LLC.

Sincerely,

Wade Parrish, CPA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2015

WADE PARRISH
PARRISH & PARRISH CPAS
6700 S FLORIDA AVE STE 19
LAKELAND, FL 33813

SUBJECT: DMAR TECHNICAL TRAINING LLC
Ref. Number: W15000022030

We have received your document for DMAR TECHNICAL TRAINING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 515A00006312

15 APR -9 AM 10:00
DIVISION OF CORPORATIONS
INFORMATION SERVICES

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. DMAR Technical Training LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

DMAR Technical, 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.")

2. Texas

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 45-3788724

(FEI number, if applicable)

4. January 1, 2015

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 300 E. Summerlin St. Bartow, FL 33830

(Street Address of Principal Office)

6. 300 E. Summerlin St. Bartow, FL 33830

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

David Marlowe -Owner

300 E. Summerlin St.

Bartow, FL 33830

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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

David Marlowe

Typed or printed name of signee

FILED
15 APR -8 PM 12:20
STATE OF FLORIDA
TALLAHASSEE

**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 Liability Company is:

DMAR Technical Training LLC

If unavailable, the alternate to be used in the state of Florida is:

DMAR Technical, LLC

2. The name and the Florida street address of the registered agent and office are:

Parrish & Parrish CPAs, P.A.

(Name)

6700 S Florida Ave Suite 19

Florida Street Address (P.O. Box NOT ACCEPTABLE)

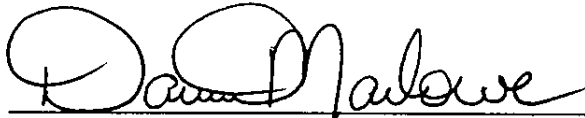
Lakeland

FL

33813

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.



(Signature)

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

FILED
15 APR -8 PM 12:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

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



Coby Shorter, III
Deputy Secretary of State

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 DMAR Technical Training LLC (file number 801504630), a Domestic Limited Liability Company (LLC), was filed in this office on November 08, 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 March 03, 2015.



A handwritten signature in cursive script that reads "Coby Shorter III".

Coby Shorter, III
Deputy Secretary of State