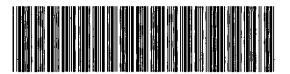
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MAR O 3 2016 J. HARRIS

## COVER LETTER -

Registration Section

TO:

, Divisio	n of Corporation	18					
SUBJECT:	SOFTWARE DCS SOLUTIONS LLC						
	Name of Limited Liability Company						
		eign Limited Liability Comp d to register the above refere					
Please return all	correspondence o	concerning this matter to the	following:				
	Julia Greenberg-Aguilar						
	Name of Person						
MyUSACorporation.com							
	Firm/Company						
1 Radisson Plaza, Suite 800							
	Address						
	New Rochelle, NY 10801						
	City/State and Zip Code						
		hendrik_d	eblauwe@hotma	il.com			
		E-mail address: (to be used	for future annual	report not	ification)		
For further infor	mation concernin	g this matter, please call:					
Julia G	reenberg-Aguilar		877 at (	330-2	677		
<u></u>	Name o	f Contact Person	Area Code	Day	time Telephone Number		
Divisio Registr P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301	•	
	eck for the follow 5.00 Filing Fee	ing amount:  \$\Bigsize \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\ext{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\}\$}}}\$}\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}}}}\$}}}}}}}} \end{length}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	■ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Cerof 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:

SOFTWARE DCS SO			
*	eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C	C.," or "LLC.")
DCS Automatisation Prog	· · · · · · · · · · · · · · · · · · ·		
Liability Company," "L.L.C,"	ternate name adopted for the purpose of trans or "LLC.")	acting business in Florida. The alterna	ite name must include "Limited
2. Delaware	3	(FEI number, if appl	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if appl	icable)
4. N/A			
	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.	rida, if prior to registration.)	
5. 1101 Brickell Ave, Ste			<del></del>
Miami, FL 33231			
***************************************	(Street Address of Principal	Office)	<del></del>
6, 1101 Brickell Ave, Ste	G0 #31036		
Miami, FL 33231			THE ARE
	(Mailing Address)		
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	E PH C
	Incorp Services, Inc	·	
Name:	17888 67th Court North		VATE ORIDA
Office Address:	Lovohotohon	22470	
	Loxahatchee (City)	, Florida 33470 (Zip coc	40)
Registered agent's accept	· •	(Zip coc	ie)
designated in this application complywith the provision accept the obligations of the control of	gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper a n) position as registered agent (Rogistered agen	registered agent and agree to act and complete performance of my at's signature)	in this capacity. I further agree
•	icity and address of the person(s) who has	•	
Hendrik Deblauwe - Galg	enweellaan 50 #B6, Antwerpen, Belgium	1 2050 - AMBR	
	of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted)		
	Signature of an aut	horized person	<del></del>
	in accordance with section 605.0203 (1) the Department of State constitutes a thir		

Hendrik Deblauwe

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SOFTWARE DCS SOLUTIONS LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE SIXTH DAY OF FEBRUARY, A.D. 2016.

Authentication: 201682717

Date: 02-06-16

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