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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 26, 2018

DARCY JOHNSON 12447 W FAIRVIEW AVE MILWAUKEE, WI 53226

SUBJECT: DYNAMIC SOLUTIONS WORLWIDE, LLC (DYNATRAP)

Ref. Number: W18000039590

We have received your document for DYNAMIC SOLUTIONS WORLWIDE, LLC (DYNATRAP) and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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

Octavia L Simmons Regulatory Specialist III

Letter Number: 618A00008662

He110-

We received the attached document in error. We know we needed to correct the ferm. Please See changes made to the updated ferm. I Spoke with Karen @ your location on what to correct. We have Sent back the 2nd page as its not related to Dynamic Solutions.

any questions.

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:

1. Dynamic Solutions Wo	orldwide, LLC. Limited Liability Compeny; must include "Limited	W. C.F. C. Hurt A. H. M. A. C. A. A. C. A. A. C. A. A. C. A.	
Dynamic Solutions World		Liability Company," "L.L.C.," or "LLC.")	
-	ume adopted for the purpose of transacting business in Flori	ida. The afternate name must include "Limited La	bility Company," "L.L.C." or "LLC.")
2. Wisconsin		3 27-2775187	
	high foreign limited liability company is organized)	v	ocr, it applicable)
4. 5 1 2018			
	(Date first transacted business in Florida, if prior to n (See sections 605.0904 & 505 0905, F.S. to determin	e penalty liability)	
5. 12447 W Fairview Av		6. 12447 W Fairview Ave	
(Street Address of Principal Office) MIlwaukee WI 53226		Milwaukee, WI 53226	
			
			
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	00000000000000000000000000000000000000
Name:	DynaTrap Entomologist Research Cent	<u> « Likaren</u> Mckenz	电量量
Office Address:	2226 Samo Rd Suite 104		
	Melbourne	, Florida <u>32935</u>	175
Registered agent's accep	(City)	(Zip cod	c)
to comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the proper of soft myposition as registered agent. - (xedstates real soft mystered agent)	and complete performance of my	duties, and I am familiar with
8. The name, title or caps Title or Capacity:	ncity and address of the person(s) who has Name and Address:	whave authority to manage is/are: Title or Capacity:	Name and Address:
Director of Finance	Darcy Johnson		- 11-
	12447 W Fairview Ave Milwaukee WI 53226		
	-		
			·
(Use attachments if necess	sary)		
9. Attached is a certificate jurisdiction under the law of the translator must be st	of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted)	uly authenticated by the official ha is in a foreign language, a translati	ving custody of records in the ion of the certificate under oath
10. This document is execusibritted in a document to	the Department of State constitutes a thir	(1) (b), Florida Statutes. I am awar d degree felony as provided for in a DSU, DSU, OCO (an authorized person	e that any false information s.817.155, F.S.

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

-To-All-to-Whom-These-Presents-Shall-Come-Greeting-

I. Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

DYNAMIC SOLUTIONS WORLDWIDE, LLC

is a foreign corporation or foreign limited liability company authorized or registered to transact business in Wisconsin and that its date of qualification or registration is June 14, 2010.

I further certify that said organization has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 181.1622 or 183.0120. Wis. Stats.; that it has not applied for a certificate of withdrawal under ss. 180.1520, 181.1520 or 183.1011. Wis. Stats.; and that it is not the subject of a proceeding under ss. 180.1531, 181.1531 or 183.1021, Wis. Stats.. to revoke its certificate of authority or registration.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 17, 2018.

MARY ANN MCCOSHEN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 218404-EFDB95DF