

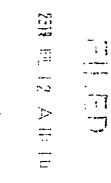
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Certified Copies	_ Certificates	of Status
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 4, 2018

BEN WILLIAMS 1321 APOPKA AIRPORT RD, HANGAR 42 APOPKA, FL 32712 US

SUBJECT: DYNAMIC LINE SOLUTIONS, LLC

Ref. Number: W18000052001

We have received your document for DYNAMIC LINE SOLUTIONS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

RECEIVED PHOOL

Letter Number: 218A00011500 53

#### **COVER LETTER**

TO:

Registration Section

□ \$125.00 Filing Fee

Divisio	on of Corporations			
D' SUBJECT:	YNAMIC LINE SOLUTIONS, LLC			
5003LC1	Nam	e of Limited Liability (	Company	
	Application by Foreign Limited Liability Check are submitted to register the above t			
Please return all	correspondence concerning this matter to	o the following:		
	Ben Williams			
		Name of Person		
	Dynamic Line Solutions, LLC			
		Firm/Company		
	1321 Apopka Airport Rd, Hangar 42			
		Address		<del></del>
	Apopka, Fl. 32712			
	C	ity/State and Zip Code	:	
	dynamiclinesolutionslle@gmail.com			
	E-mail address: (to be	used for future annua	l report notification)	(92
For further infor	rmation concerning this matter, please cal	1:		
Ben W	filliams	407 at (	9641070 _)	73 ", ]
	Name of Contact Person	Area Code	Daytime Telephone.N	umber
Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assec, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le
Enclosed is a ch	eck for the following amount:			

■ \$155.00 Filing Fee &

Certified Copy

□ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

□ \$130.00 Filing Fee &

Certificate of Status

## 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:

	ame adopted for the purpose of transacting business in I		,
Mary C Levenhagen, W	Y high foreign limited liability company is organized)	3. 82-2771802	
(Jurisdiction under the law of w	high foreign limited hability company is organized)	(FEI numb	per, if applicable)
	02/05/2018		
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605.0905, F.S. to deter	to registration.)	
216 N. Avo D		• •	
216 N Ave D  (Street Address of	rincipal Office)	6. 16536 Caravaggio Loop (Mailing Addi	ress)
Cheyenne, WY 82007		Montverde, FL 34756	
		* L : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :	
Name and street addre	s of Florida registered agent: (P.O. Bo	ox NOT acceptable)	
	Ben Williams		
Name:	Deli Williams		
Office Address:	1321 Apopka Airport Rd. Hangar 42		
O I I I I I I I I I I I I I I I I I I I			
omeo i marem.	Apopka	ri (1 32712	
gistered agent's acception wing been named as resignated in this application with the provis	Apopka  (City)  tance:  gistered agent and to accept service of the appointment ons of all statutes relative to the property of my position as registered agent.	as registered agent and agree to act	liability company at the in this capacity. I furthe
gistered agent's accep ving been named as re ignated in this applica comply with the provis	tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope to of my position as registered agent.	f process for the above stated limited as registered agent and agree to act er and complete performance of my o	liability company at the in this capacity. I furthe
gistered agent's acceptiving been named as resignated in this applicationally with the provis	(City) tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the propo	f process for the above stated limited as registered agent and agree to act er and complete performance of my o	liability company at the in this capacity. I furthe
gistered agent's acception of the second of	tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope to of my position as registered agent.	f process for the above stated limited as registered agent and agree to act er and complete performance of my of s signature)	liability company at the in this capacity. I furthe duties, and I am familiar
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Typed or printed name of signee

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

# is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **September 26, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000770221**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of July, 2018 at 2:45 PM. This certificate is assigned 027129428.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.