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COVER LETTER

	egistration Section ivision of Corporat	ions				
SUBJECT	Right Dynamics	, LLC				
		Name of I	Limited Liability (lompany		
The enclos Existence,	sed "Application by l and check are subm	Foreign Limited Liability Compited to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liability	unsact Business in Florida." y company to transact busin	Certificate of ess in Florida.
Please retu	rn all correspondenc	ee concerning this matter to the	following:			
	Joshua Bla	ke Wilson				
	 	N:	ame of Person			
	Right Dyna	mics, LLC				
Firm/Company						
	1730 Fern	Palm Dr STE G				
			Address			
	Edgewater,	Florida, 32132				
		City/8	tate and Zip Code			
	blake@righto	dynamics.com				
	 · · · · · · · · · · · · · · · · ·	E-mail address; (to be used	d for future annual	report not	tification)	
For further	r information concer	ning this matter, please call:				
J	oshua Blake Wilso	on	770 at (355-38	345	
	Nan	ie of Contact Person	Area Code	Day	rtime Telephone Number	
D R P	LAILING ADDREST Division of Corporation Section O. Box 6327 allahassee, F1, 3231	ons		Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section duilding recutive Center Circle see, FL 32301	
	s a check for the foll I \$125.00 Filing Fee		S155.00 Filin Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Co of Status & Certified Cop	

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

· , .

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limit	ed Liability Company," "L.E.C.," or "ELC	(",		
			9 N 1 (2) N 1 (2)		
_	ame adopted for the purpose of transacting business in Fl		Japanity Company, "t. L.C., or "LLC."		
Georgia	high foreign limited liability company is organized)	3. 81-1790670	imber, if applicable)		
(Survey) (Market Mark Mark Mark Mark	and the second s		miner, ii aj-predicit		
1. <u>7/23/2018</u>					
	(Date first transacted business in Florida, it prior to (See sections 605,0904 & 605 0905, U.S. to determ	registration) line penalty liability)			
1730 Fern Palm Dr S	STE G	6. 1730 Fern Palm Dr ST	E G		
(Street Address of Principal Office)		(Mailing Address)			
Edgewater FL 32132	· · · · · · · · · · · · · · · · · · ·	Edgewater FL 32132			
			<u> </u>		
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	FILE 21		
Name:	Joshua Blake Wilson				
Office Address:	1730 Fern Palm Dr STE G		原第 至 5		
	Edgewater	. Florida <u>32132</u>			
	(City)	(Zip.	iode)		
o comply with the provisi	tion, I hereby accept the appointment of our statutes relative to the prope	, is registered agent and agree to a	ct in this capacity. I further agr		
o comply with the provisi	tion, I hereby accept the appointment i	, is registered agent and agree to a			
to comply with the provisi	tion, I hereby accept the appointment of our statutes relative to the prope	is registered agent and agree to a r and complete performance of m	ct in this capacity. I further agr		
to comply with the provision and accept the obligation.	tion, I hereby accept the appointment of ions of all statutes relative to the prope is of my position as registered agent. (Registered agent's	is registered agent and agree to a r and complete performance of m	ct in this capacity. I further agr y duties, and I am familiar with		
to comply with the provisi and accept the obligation	tion, I hereby accept the appointment of ions of all statutes relative to the prope s of my position as registered agent.	is registered agent and agree to a r and complete performance of m	ct in this capacity. I further agr y duties, and I am familiar with		
to comply with the provisional accept the obligation. 8. The name, title or cap: Title or Capacity:	tion, I hereby accept the appointment of the property of all statutes relative to the property of my position as registered agent. (Registered agent's incity and address of the person(s) who have	is registered agent and agree to a r and complete performance of m	ct in this capacity. I further agr y duties, and I am familiar with 		
so comply with the provisional accept the obligation. S. The name, title or cap:	tion, I hereby accept the appointment of the soft all statutes relative to the propers of my position as registered agent. (Registered agent)	as registered agent and agree to a r and complete performance of m sugnature) as/have authority to manage is/are Title or Capacity:	ct in this capacity. I further agr y duties, and I am familiar with 		
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so comply with the provisional accept the obligation. 8. The name, title or capa Title or Capacity: CEO	tion, I hereby accept the appointment of the sof all statutes relative to the propers of my position as registered agent. (Registered agent's recitive and address of the person(s) who have and Address: Joshua Blake Wilson 3819 Schoolway Ave New Smyrna Beach FL 32	as registered agent and agree to a r and complete performance of m sugnature) as/have authority to manage is/are Title or Capacity:	ct in this capacity. I further agr y duties, and I am familiar with 		
8. The name, title or cap: Title or Capacity: CEO (Use attachments if neces)	tion, I hereby accept the appointment of the sof all statutes relative to the propers of my position as registered agent. (Registered agent) (Re	as/have authority to manage is/are Title or Capacity: duly authenticated by the official	ct in this capacity. I further agr y duties, and I am familiar with Name and Address:		
8. The name, title or cap: Title or Capacity: CEO (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be sello. This document is exec	sary) of existence, no more than 90 days old of which it is organized. (If the certification in accordance with section 605,020 of the Department of State constitutes a the section of State constitutes as the section of St	as/have authority to manage is/are Title or Capacity: duly authenticated by the official te is in a foreign language, a transless in a foreign language, a provided for interest of the control of the	ct in this capacity. I further agree y duties, and I am familiar with with Same and Address: Name and Address: having custody of records in the lation of the certificate under oath care that any false information		
8. The name, title or caps Title or Capacity: CEO (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be sello. This document is exec	tion, I hereby accept the appointment of the sof all statutes relative to the propers of my position as registered agent. (Registered agent) (Re	as/have authority to manage is/are Title or Capacity: duly authenticated by the official te is in a foreign language, a transless in a foreign language, a provided for interest of the control of the	ct in this capacity. I further agree y duties, and I am familiar with with Same and Address: Name and Address: having custody of records in the lation of the certificate under oath care that any false information		

Typed or printed name of signee

Joshua Blake Wilson

Control Number: 16023804

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Right Dynamics, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16037518 Date Inc/Auth/Filed : 03/11/2016 Jurisdiction : Georgia Print Date : 07/23/2018

Form Number : 211



Brian P. Kemp Secretary of State