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COVER LETTER

TO:		ation Section n of Corporations	S					
SUBJE		AS Marketing LLC	2					
			Name o	f Limited Liability	Company			
					tation to Transact Business in Flo ited liability company to transact			
Please	return all	correspondence co	oncerning this matter to th	e following:				
				Name of Person				
		Harbor Complia	nce		·			
	Firm/Company							
	Address							
	Lancaster, PA 17601							
	City/State and Zip Code							
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	•		E-mail address: (to be us	ed for future annu	al report notification)		بر و	·
For fur	ther infor	mation concerning	this matter, please call:			1	2019 JUL 3 AM 11: 49	new run
	Sherry	Amspacher		717 at (431-9404)	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	202-	9 9 8 8
	`	Name of	Contact Person	Area Cod	Daytime Telephone Num		=	1,45.7 1,45.7 1,45.7
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		9: 1			
	Please n		e following amount: e to: FLORIDA DEPAR \$130.00 Filing Fee Certificate of St	& D \$155.0	TE O Filing Fee & S160.00 F Tied Copy of Status &			ate

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. Digital Marketing Strategies, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") DMS Marketing LLC (If name unavailable, error alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Limited Liability Company," "LLC," or "LLC," or "LLC," 82-0670996 (Jurisdiction under the law of which foreign finated liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 11550 N. Meridian St., STE 300 9331 Bay Harbor Ct NE 6. (Mailing Address) (Street Address of Principal Office) Carmel, IN 46032-4562 Rockford, MI 49341 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENTS INC. Name: 7901 4TH ST N STE 300 Office Address: ST PETERSBURG Registered agent's acceptance: 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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Roger Laurendeau Manager ... Name: Manager Name: ______ 11550 N. Meridian St. Member Address: _____ Address: ■ Member Suite 300 Authorized Authorized Carmel, IN 46032-4562 Person Person Other____ Other____ Other__ Other Name: _____ Manager Manager Manager Name: ____ Mcmber Member | Address: Authorized Authorized Person Person Other____ Other Other Other Manager Name: _____ Manager ☐ Member Member Address: Address: Authorized Authorized Person Person ___Other_____ Other_ Other Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Signature of an authorized person Roger Laurendeau

Typed or printed name of signee

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

DIGITAL MARKETING STRATEGIES, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 05, 2016, and was in existence or authorized to transact business in the State of Indiana on July 30, 2019.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 30, 2019

Corrie Lauron

CONNIE LAWSON
SECRETARY OF STATE

201610051161524 / 20191046370

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on August 29, 2019.