

MI900007720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

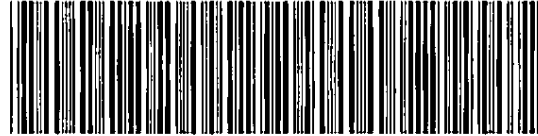
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 12 2019

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Quattlebaum, Grooms & Tull

A PROFESSIONAL LIMITED LIABILITY COMPANY

111 Center Street
Suite 1900
Little Rock, Arkansas 72201
(501) 379-1700

Kim Whitlock
kwhitlock@qgtlaw.com

Direct Dial
501-379-1720
Direct Fax
501-379-3820

July 25, 2019

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: FL305 DYNE LLC

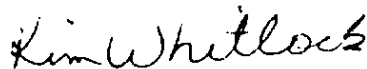
Dear Sir/Madam:

Enclosed for filing are the original of an Application for Registration for Foreign Limited Liability Company along with a Certificate of Good Standing from the Arkansas Secretary of State for FL305 DYNE LLC. Also enclosed is a check in the amount of \$125.00 to cover the filing fee. Please return the certificate of filing to me at the address above.

If you have any questions, please do not hesitate to contact me.

Sincerely,

QUATTLEBAUM, GROOMS & TULL PLLC



Kim Whitlock,
Paralegal

Enclosures

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FL305 DYNE LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kim Whitlock

Name of Person

Quattlebaum, Grooms & Tull PLLC

Firm/Company

111 Center Street, Suite 1900

Address

Little Rock, AR 72201

City/State and Zip Code

thelton@dynehg.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Kim Whitlock

501

379-1720

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy



\$160.00 Filing Fee, Certificate
of 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:

1. FL305 DYNE LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. AR
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 301 Main Street, Suite 6
(Street Address of Principal Office)

6. 301 Main Street, Suite 6
(Mailing Address)

Little Rock, AR 72201

Little Rock, AR 72201

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

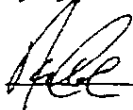
Name: Nicholas Crouch

Office Address: 9432 Baymeadows Road, Suite 240

Jacksonville, Florida 32256
(City) (Zip code)

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.



(Registered agent's signature)

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:**

☐ Manager Name: DYNE Operating LLC

☒ Member Address: 301 Main Street, Suite 6

☐ Authorized Little Rock, AR 72201

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

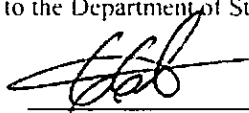
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

Glen Johnson

Typed or printed name of signer



**Arkansas Secretary of State
John Thurston**

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

FL305 DYNE LLC


authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office July 18, 2019.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.

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In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 25th day of July 2019.


John Thurston
Secretary of State

Online Certificate Authorization Code: 44c826dcd1d6e01
To verify the Authorization Code, visit sos.arkansas.gov