M9800000773



ACCOUNT NO. :

072100000032

REFERENCE :

890533 7147805

AUTHORIZATION

ORDER DATE : July 14, 1998

ORDER TIME : 12:17 PM

ORDER NO. : 890533-005

CUSTOMER NO: 7147805

CUSTOMER: Mr. Gary Dickerson

Mr. Gary C. Dickerson 2707 St. Cloud Oaks Drive

Valrico, FL 33594

900002591029--1

COMPURATION:

D & H SOLUTIONS, LLC.

QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

F92 8

| | | | □ |
|--|--|--|----------------------|
| · D & H SOLUTIONS, LLC | | | 7:37 |
| (Name of foreign limited liability com L.C." if not so contained in the name at | pany must end with the present. Please note: | e words "limited company" or their abbra"L.L.C." is not an acceptable suffix in Fl | reviation Orlorida:) |
| DELAWARE | 3 | 59-3505412 | <u> </u> |
| (Jurisdiction under the law of which f company is organized) | foreign limited liability | (FEI number, if applicable) | 200 |
| March 25, 1998 | | 30 Years: March_25, 2028 | |
| (Date of Organizat | tion) | (Duration: Year limited liability comcease to exist or "perpetual") | рапу wiii |
| May 29, 1998 | - | | |
| · | | ee sections 608.501, 608.502, and 817.1 | 55, F.S.) |
| 2707 St. Cloud Oaks Drive | | | |
| Valrico, FL 33594 | | • | |
| ····· | (Street address of pr | incinal office) | |
| manage the foreign minicu naoi | ility company in Flo | orida: (attach additional page if ne | cessary) |
| NAME & ADDRESS: | TITLE: | orida: (attach additional page if ne | |
| - | | | |
| NAME & ADDRESS: | TITLE: | NAME & ADDRESS: | TITLE |
| NAME & ADDRESS: Gary C. Dickerson | TITLE: | NAME & ADDRESS: Graham D. Hilling | TITLE |
| NAME & ADDRESS: Gary C. Dickerson 2707 St. Cloud Oaks Dr | TITLE: | NAME & ADDRESS: Graham D. Hilling 15002 Elmcrest Street | TITLE |
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| NAME & ADDRESS: Gary C. Dickerson 2707 St. Cloud Oaks Dr | TITLE: | NAME & ADDRESS: Graham D. Hilling 15002 Elmcrest Street | TITLE |

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

| | 16 PM 3 ASSEE, FL | | | |
|--|--|--|--|--|
| The undersigned member or authorized representative of a | a member of | | | |
| D & H Solutions LLC | deposes and says: | | | |
| 1) the above named limited liability company has at least t | two members | | | |
| 2) the total amount of cash contributed by the member(s) i | is \$ | | | |
| 3) if any, the agreed value of property other than cash contributed by member(s) is \$\0.00\ A description of the property is attached and made a part hereto. | | | | |
| 4) the total amount of cash or property anticipated to be co \$ This total includes amounts from 2 | ontributed by member(s) is 2 and 3 above. | | | |

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. The name of the | e limited liability company is: D & H SOLUTIONS, LLC | |
|--------------------|--|---|
| 2. The name and a | address of the registered agent and office is: | FIL 98 JUL 16 3LURETARY 1ALLAHASSE |
| | Gary C. Dickerson | |
| | (Name) | 15 w |
| | 2707 St. Cloud Oaks Drive | 03 |
| | (P.O. Box not acceptable) | 5 ™ ω |
| | Valrico, FL 33594 | _ |
| | (City/State/Zip) | |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Sou C. Dukeren June 15, 1998
(Signature) (Date)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "D&H SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JULY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID IS THE FIFTEENTH DAY OF JULY A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEBERY FURTHER CERTIFY THAT THE SAID TOWN SOLUTIONS, LLC- WAS FORMED ON THE TWENTY-FIFTH DAY OF MARCH,

IDAT

98 JUL 16 PM 3: 03
SLCNETARY OF SHAPE
TALLAHASSEE, FLOSION



Edward J. Freel, Secretary of State

2876417 8300

AUTHENTICATION:

9196211

981273338

DATE:

07-15-98