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COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	FIRST CALL ENVIRONMENTAL, LLC
	Name of Limited Liability Company
The end Existen	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate (e. and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	eturn all correspondence concerning this matter to the following:
	PATRICIA PROCOPIO
	Name of Person
	FIRST CALL ENVIRONMENTAL, LLC
	Firm/Company
	PO BOX 6035
	Address
	ASHLAND, VA 23005
	City/State and Zip Code
	pprocopio@firstcallenvironmental.com
	E-mail address: (to be used for future annual report notification)
For furt	ner information concerning this matter, please call:
	PATRICIA PROCOPIO 804 441-9764 at ()
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclose	l is a check for the following amount: ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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

1

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	DNMENTAL, LLC Limited Liability Company; must include "Limite	Hambility Company 221 1 C 2 2 2 21 1 C 22		
,	chance channey company, must include thringe	u maonity company, T.T.C., or T.I.C.		
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Liabili	y Company," "L.L.C," or "LLC,")	
2. ASHLAND, VA	hich foreign limited liability company is organized)	3. 27-1270028		
	men loveign infinited fationary company is organized)	(FEI number,	if applicable)	
4. <u>N/A</u>	(Date first transacted business in Florida, if prior to	registration)		
LIAAR DICUADOSON	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi			
5. 11008 RICHARDSON (Street Address of		6. PO BOX 6035 (Mailing Address)		
ASHLAND, VA 23005		ASHLAND, VA 23005		
		<u> </u>	- 5 Z	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	- TON 27	
Name:	Anthony Donohoe	t		
Office Address:	390 NORTH HUDSON STREET			
	ORLANDO	Florida 32835	ci.	
	gisierea ageni ana 10 accept service 01 p	process for the above stated limited li	ability company at the place	
designated in this applica to comply with the provis	gistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	process for the above stated limited li s registered agent and agree to act in and complete performance of my du	this capacity. I further agri	
designated in this applica to comply with the provis	tion, I hereby accept the appointment as ions of all statutes relative to the proper	s registered agent and agree to act in and complete performance of my du	this capacity. I further agree	
designuted in this applica to comply with the provise and accept the obligation	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	s registered agent and agree to act in and complete performance of my du ignature)	this capacity. I further agree	
designated in this applicate comply with the provise and accept the obligation. 8. The name, title or capa	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's active and address of the person(s) who ha	s registered agent and agree to act in and complete performance of my du ignature)	this capacity. I further agre ties, and I am familiar with	
designated in this applicate comply with the provisional accept the obligation. 8. The name, title or capa <u>Title or Capacity:</u>	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's s active and address of the person(s) who ha Name and Address: PATRICIA PROCOPIO PO BOX 6035	s registered agent and agree to act in and complete performance of my du ignature)	this capacity. I further agre ties, and I am familiar with	
designated in this applicate comply with the provisional accept the obligation. 8. The name, title or capa <u>Title or Capacity:</u> HR MANAGER	tion, I hereby accept the appointment assions of all statutes relative to the proper is of my position as registered agent. (Registery agent's statuty and address of the person(s) who ha Name and Address: PATRICIA PROCOPIO PO BOX 6035 ASHLAND, VA 23005	s registered agent and agree to act in and complete performance of my du ignature)	this capacity. I further agreties, and I am familiar with	
designated in this applicate comply with the provise and accept the obligation. 8. The name, title or capa Title or Capacity: HR MANAGER (Use attachments if neces 9. Attached is a certificate jurisdiction under the law-	tion, I hereby accept the appointment assions of all statutes relative to the proper is of my position as registered agent. (Registered agent's accity and address of the person(s) who ha Name and Address: PATRICIA PROCOPIO PO BOX 6035 ASHLAND, VA 23005 sary) of existence, no more than 90 days old, cof which it is organized. (If the certificate	s registered agent and agree to act in and complete performance of my du dignature) s/have authority to manage is/are: Title or Capacity:	this capacity. I further agreties, and I am familiar with Name and Address:	
designated in this applicate comply with the provise and accept the obligation. 8. The name, title or capa Title or Capacity: HR MANAGER (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be set 10. This document is exec	tion, I hereby accept the appointment assions of all statutes relative to the proper is of my position as registered agent. (Registeryl agent's statuty and address of the person(s) who ha Name and Address: PATRICIA PROCOPIO PO BOX 6035 ASHLAND, VA 23005 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203 of the Department of State constitutes a third the constit	duly authenticated by the official having is in a foreign language, a translation (1) (b). Florida Statutes. I am aware tred degree felony as provided for in s.8	this capacity. I further agreties, and I am familiar with Name and Address: ng custody of records in the of the certificate under oath that any false information	
designated in this applicate comply with the provise and accept the obligation. 8. The name, title or capa Title or Capacity: HR MANAGER (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be set 10. This document is exec	tion, I hereby accept the appointment assions of all statutes relative to the proper is of my position as registered agent. (Registeryl agent's statuty and address of the person(s) who ha Name and Address: PATRICIA PROCOPIO PO BOX 6035 ASHLAND, VA 23005 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203 of the Department of State constitutes a third the constit	duly authenticated by the official havie is in a foreign language, a translation (1) (b), Florida Statutes. I am aware to act in and complete performance of my duly authenticated by the official havie is in a foreign language, a translation (1) (b), Florida Statutes. I am aware to act in a foreign language.	this capacity. I further agreties, and I am familiar with Name and Address: ng custody of records in the of the certificate under oath that any false information	

Typed or printed name of signee

PATRICIA PROCOPIO

Commondoealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That First Call Environmental, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is October 5, 2009; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date: September 29, 2017

Joel H. Peck, Clerk of the Commission



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