

# B12000000191

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000212393 3)))



H12000212393ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

RECEIVED  
12 AUG 24 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA/FOREIGN LP/LLLP  
ECOMONDIS, LP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

FILED  
2012 AUG 24 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA**

EcoMondis, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix).  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware State or Country of Formation      3. June 27, 2012 Date of Formation

4. Federal Employer Identification Number: 45-5387643

5. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System  
1200 South Pine Island Road  
Plantation Florida 33324

6. 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.

Michael Scraphin Michael Scraphin Asst. Secretary  
Signature of Registered Agent

7. Principal Office:  
c/o Amall Golden Gregory LLP  
171 17th Street, NW, Suite 2100  
Atlanta, Georgia 30363

8. Mailing Address:  
c/o Amall Golden Gregory LLP  
171 17th Street, NW, Suite 2100  
Atlanta, Georgia 30363

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner

Name of General Partner: <u>EcoMondis Management, Inc.</u>	Name of General Partner: <u>#F12000003564</u>
Street Address: <u>c/o Amall Golden Gregory LLP, Attn: Tycho H.E. Stahl, Esq.</u>	Street Address: _____
<u>171 17th Street, NW, Suite 2100, Atlanta, GA 30363</u>	_____
Mailing Address: <u>c/o Amall Golden Gregory LLP, Attn: Tycho H.E. Stahl, Esq.</u>	Mailing Address: _____
<u>171 17th Street NW, Suite 2100, Atlanta, GA 30363</u>	_____
Name of General Partner: _____	Name of General Partner: _____
Street Address: _____	Street Address: _____
_____	_____
Mailing Address: _____	Mailing Address: _____
_____	_____

FILED  
2012 AUG 24 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 24th day of August, 2012

  
\_\_\_\_\_

Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

2012 AUG 24 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ECOMONDIS, LP" 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 TWENTY-SECOND DAY OF AUGUST, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ECOMONDIS, LP" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2012.

2012 AUG 24 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



*JWB*  
Jeffrey W. Bullock, Secretary of State

5165241 8300  
120959149

AUTHENTICATION: 9796281

DATE: 08-22-12  
120959149

PAGE 1