F0800000648

(Requestor's Name)					
(Address)					
(Address)					
(City	y/State/Zip/Phono	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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SECRETARY OF STATE
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COVER LETTER

	New Filing Section Division of Corporations	
	CT: Environmental Managem	ent, Inc.
BUDJEC		ation - must include suffix)
Dear Sir	or Madam:	
"Certifica		For Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please ret	turn all correspondence concerning this ma	tter to the following:
Bonni	e Bowles	
	(Name	of Person)
Enviro	onmental Management, Inc. d	ba EMI Services
	•	Company)
301 A	Street	•
Idaho:	Falls, ID 83402-3618	ddress) १८७५ वर्ष । १८५५ वर्ष १५० वर्ष
	(City/Sta	te and Zip code)
For furthe	er information concerning this matter, pleas	e call:
Bonnie	e Bowles at (208	3 ₎ 522-1117
((Name of Person) (Are	ea Code & Daytime Telephone Number)
N D C 2	TREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed	is a check for the following amount:	
\$70:00	Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Environme	ental Management, Inc. 🔧	¢.=	COPP LANCEL		
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,	" "COMPANY," "CORPORATION,"		
EMI Service	ces Florida				
(If name unavaila	ible in Florida, enter alternate corporate nar	me	adopted for the purpose of transacting business in Florida)		
_{2.} Nevada		3.	58-1967391		
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)		
4. 2/1/1989		5.	Perpetual		
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
6. August 1,	2007				
			n Florida, if prior to registration) 602, F.S., to determine penalty liability)		
7. 301 A Stre	et <u>Idaka</u>	_/	Falls, ID 83402-3618		
	(Principal office a	ıddı		ල	
301 A Stre	et Edoke	ŕ	0/15, ID 83402-36/83	08 FEI	y l
	(Current mailing a	ıddı	ress)	8	Carried Carrie
8. Base Ope	rations and Support Service	es	SSEE	ママス	H
(Purpose(s) of corporation authorized in home state or	r co	untry to be carried out in state of Florida)		
9. Name and stree	t address of Florida registered agent: (I	P.C). Box NOT acceptable)	8: 28 STATE	
Name:	Incorp Services, Inc.) [T] W	
Office Address:	17888 67th Court North				
	Loxahatchee		, Florida 33470		
	(City)		(Zip code)		
10. Registered ag	ent's acceptance:				

Having been named as registered agent and to accept service of process for the above stated corporation 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.

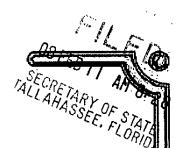
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	PILED
A. DIRECTORS	¥ (F D)
Chairman:	OB FEB 11 AM 8: 2
Address:	SEGRETARY OF STATE
Vice Chairman:	, , , , , , , , , , , , , , , , , , ,
Address:	
David A. Miller	
Address: 301 A Street, Idaho Falls, ID 83402-3618	
Director:	
Address:	· · · · · · · · · · · · · · · · · · ·
B. OFFICERS President: David A. Miller	
Address: 301 A Street, Idaho Falls, ID 83402-3618	
Vice President:	
Address:	
Secretary: Susan C. Miller	
Address: 301 A Street, Idaho Falls, ID 83402-3618	
Treasurer: David A. Miller	
Address: 301 A Street, Idaho Falls, ID 83402-3618	
NOTE: If necessary, you may attach an addendum to the application listing additional offic	ers and/or directors.
13. David A. Mille	
(Signature of Director or Officer listed in number 12 of the application David A. Miller - President	1)

(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, ENVIRONMENTAL MANAGEMENT, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 1, 1989, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20080115-0269
You may verify this electronic certificate
online at http://secretaryofstate.biz/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 15, 2008.

ROSS MILLER Secretary of State