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SECRETARY OF STATE TALLAHASSEE, FLORIDA

09 MAY 14 PM 2:

## **COVER LETTER**

| TO: New Filing Section Division of Corporations   |   |  |
|---|---|--|
| SUBJECT: Labat Environmental Inco   | orporated   |  |
| 50000011  | ntion - must include suffix)  |  |
| Dear Sir or Madam:  |   |  |
| The enclosed "Application by Foreign Corporation f "Certificate of Existence," and check are submitted transact business in Florida.    | or Authorization to Transact Business in Florida," o register the above referenced foreign corporation to |  |
| Please return all correspondence concerning this man  | ter to the following:   |  |
| William K. Ohlmeyer   |   |  |
| (Name   | of Person)  |  |
| Labat Environmental Incorporated  |   |  |
| `   | Company)  |  |
| 1406 Fort Crook Road South, STE   |   |  |
| ·   | ddress)   |  |
| Bellevue, NE 68005  |   |  |
| (City/Sta   | te and Zip code)  |  |
| For further information concerning this matter, pleas   | e call:   |  |
| William K. Ohlmeyer at ( 402  | 2 , 291-2362  |  |
| (Name of Person) (Are   | ea Code & Daytime Telephone Number)   |  |
|   |   |  |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, 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 Certificate of Status & Certified Copy            |  |



DEPARTS ENT OF STATE

May 11, 2009

09 MAY 14 PM 1: 10

Florida Department of State New Filing Section ATTN: Ms Loria Poole Division of Corporations PO Box 6327 Tallahassee, FL 32314

Subject: Company Registration

Dear Ms Poole:

We are in receipt of your letter dated May 5, 2009. Thanks for talking with me today and explaining the deficiency in our application. I have modified the application, which is enclosed with this letter, to reflect the name of the company as it appears on the Nebraska certificate of existence.

If there is anything that I forgot to include, please contact me at <u>bill.ohlmeyer@labatenv.com</u> or call me at (402) 291-2362.

Sincerely,

Labat Environmental, Inc.

William K. Ohmeyer

William K. Ohlmeyer

President

Attachments: FL Application

May 5, 2009 letter from FL Department of State





May 5, 2009

WILLIAM K. OHLMEYER LABAT ENVIRONMENTAL INORPORATED 1406 FORT CROOK ROAD SOUTH STE 101 BELLEVUE, NE 68005

SUBJECT: LABAT ENVIRONMENTAL INCORPORATED

Ref. Number: W09000021179

We have received your document for LABAT ENVIRONMENTAL INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Letter Number: 909A00015230

Loria Poole Regulatory Specialist II

Division of Corporations - P.O. ROX 6327 - Tallahassee Florida 32314

# 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.

|                   | corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.") | " "COMPANY," "CORPORATION,"  |                         |
|-------------------|--|--|-------------------------|
| (If name unavail  | able in Florida, enter alternate corporate name                          | adopted for the purpose of transacting busin                                       | ness in Florida)        |
| Nebraska          | 3.   | 20-4603288   |                         |
| (State or country | under the law of which it is incorporated)                               | (FEI number, if applicable)  |                         |
| April 5, 20       | 006 5.   | Perpetual  |                         |
| (Date             | e of incorporation)  | (Duration: Year corp. will cease to exist of                                       | or "perpetual")         |
| April 1, 20       | 009  |  |                         |
|                   | ,  | n Florida, if prior to registration)<br>502, F.S., to determine penalty liability) |                         |
| Eglin AFB         | Library, 305 West "F" Street   | , Eglin AFB, FL 32542  |                         |
|                   | (Principal office add  | ress)  |                         |
| 305 West          | "F" Street, Eglin AFB, FL 325  | 542  |                         |
|                   | (Current mailing add   | ress)  |                         |
| Operate t         | ne on base Library at Eglin A  | FB, FL 32542   |                         |
| (Purpose(         | s) of corporation authorized in home state or co                         | ountry to be carried out in state of Florida)                                      | Äα                      |
| Name and stre     | et address of Florida registered agent: (P.C                             | ). Box <u>NOT</u> acceptable)  |                         |
| Name:             | Northwest Registered Ager  | nt, LLC  | SECRETARY<br>ALLAHASSE  |
| ffice Address:    | 155 Office Plaza Dr., STE  | 4  | <u>교</u> 유 <b>골</b>     |
|                   | Tallahassee  | , Florida 32301  | 2: 40<br>STATE<br>OAIDA |
|                   | (City)   | (Zip code)   | 0                       |

#### 10. Registered agent'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.

(Registered agent's signature)

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: A. DIRÈCTORS Chairman: William K. Ohlmeyer Address: 609 Joseph Dr. Papillion, NE 68046 Vice Chairman: Dan Moyes Address: 3724 Hull St. Schertz, TX 78154 Director: \_\_\_ Address: **B. OFFICERS** President: William K. Ohlmeyer Address: 609 Joseph Dr. Papillion, NE 68046 Vice President: Dan Moyes Address: 3724 Hull St. Schertz, TX 78154 Secretary: Dan Moyes Address: 3724 Hull St., Schertz, TX 78154 Treasurer: William K. Ohlmeyer 609 Joseph Dr., Papillion, NE 68046 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. William K. Ohlmeyer

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

## STATE OF



**NEBRASKA** 

United States of America, State of Nebraska

SS.

Department of State Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

#### LABAT ENVIRONMENTAL, INC.

was duly incorporated under the laws of this state on April 5, 2006 and do further certify that no occupation taxes assessed are unpaid and no biennial reports are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on April 23, 2009.



SECRETARY OF STATE

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.