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EXAMINER



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TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARIMENT OF STATE

DIVISION OF CORPORATIONS

11 JUL 13 AN 8: 26



ACCOUNT NO. : 12000000195

REFERENCE: 844107

4328337

AUTHORIZATION A

COST LIMIT : (

ORDER DATE : July 13, 2011

ORDER TIME : 11:24 AM

ORDER NO. : 844107-005

CUSTOMER NO: 4328337

DOMESTIC FILING

NAME: EHS SUPPORT ENGINEERING, P.L.

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS:

ARTICLE I - Name: The name of the Limited Liability Company is: EHS Support Engineering, P.L. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 5976 Thornton Lane Tallahassee, FL 32308 Tallahassee, FL 32308

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Kristin A. Va	nLandingham
	Name
5976 Thornto	on Lane
	Florida street address (P.O. Box NOT acceptable)
Tallahassee	FL 32308
	City, State, and 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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: $\overline{\text{"MG}}R$ " = Manager "MGRM" = Managing Member **MGRM** Kristin A. VanLandingham 5976 Thornton Lane Tallahassee, FL 32308 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) ARTICLE VI: The specific purpose of the limited liability company is to render professional engineering services. **REQUIRED SIGNATURE:**

ARTICLE IV- Manager(s) or Managing Member(s):

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

Signature of a member or an adthorized representative of a member,

Kristin A. VanLandingham

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)