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TRANSMITTAL LETTER

SUBJECT: Optim Exploration LLC
(Name of corporation - must include suffix)

Registration Section
Division of Corporations

TO:

Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Authorization to Transact Busin "Certificate of Existence", and check are submitted to register the above referenced for to transact business in Florida.			
Please return all correspondence concerning this matter to the following:			
Name of Person)	<u> </u>		_
(Name of Person)	17 S	ದ್ವ	
Optim Exploration, LLC	E SS	3>	
(Firm/Company)		23	
5298 Mada- 5 Ava	SE SE		
(Address)	- 1 -1	=	5
Optim Exploration, LLC (Firm/Company) 5298 Medoras Ave. (Address) 57. Augustine, FL 32080 (City/State and Zip code)	SE S	æ	
(City/State and Zin code)		3	_
(
For further information concerning this matter, please call:			
Tim Walker at (904) 46/- 8739 (Name of Person) (Area Code & Daytime Telephone Num	<u> </u>		
(Name of Person) (Area Code & Daytime Telephone Nur	mber)		
STREET ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations 409 E. Gaines St. Division of Corporations P.O. Box 6327			
Tallahassee, FL 32399 Tallahassee, FL 32314			
Enclosed is a check for the following amount:			
Certificate of Status Certified Copy	7.50 Filing Certificate of Certified Co	f Statu	15 &



March 25, 2003

TIM WALKER OPTIM EXPLORATION, LLC 5298 MEDORAS AVE ST AUGUSTINE, FL 32080

SUBJECT: OPTIM EXPLORATION, LLC

Ref. Number: W03000008551

We have received your document for OPTIM EXPLORATION, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

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) 245-6913.

Letter Number: 503A00018144

Diane Cushing Corporate Specialist

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Op / im Exploration LL (Name of foreign limited liability company)	
2. Kentucky (Jurisdiction under the law of which foreign limited liability company is organized) 3. 6/-/393782 (FEI number, if applicable)	
4. 7-13-01 5. Persotus / (Date of Organization) 5. Persotus / (Duration: Year limited liability company will cease to	
6. 2/1/03 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	· -
7. 5298 Medoras Avenue	
ST. Augustine FL (Street address of principal office)	
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follows: Ingrid Walker Manager/Owner ST. Augustine Fl. 3200 Tim Walker Manager/Pres Same	PO
	7
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recording the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) A continue of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	•
Environmental soil & groundwater Sampling	**
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	Ŧ
Tim Walker Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
Optim Exploration, LLC		 ,,,	_
2. The name and the Florida street address of the registered agent and office are:			
Tim Walker Pres. (Name) 5298 Medoras Aur- Florida street address (P.O. Box NOT ACCEPTABLE) 57. Augustine FL 32088 City/State/Zip	SECRETARY OF STATE TALLARASSEE FLORIDA	03 APR 1 AN 8:30	

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..

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

\$ 6750



John Y. Brown Secretary of State

Certificate of Existence

I, John Y. Brown, Secretary of State of the Commonwealth of Kenticky do hereby certify that according to the records in the Office of the Secretary of State,

OPTIM EXPLORATION, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is July 13, 2001.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 17th day of March, 2003.

John G. Brown, II

John Y. Brown III Secretary of State Commonwealth of Kentucky mstratton/0519274