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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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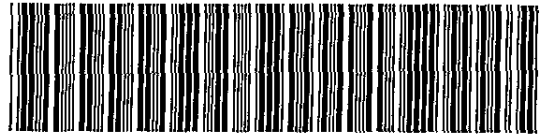
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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[Signature]



Emerald
Companies

September 25, 2003

Florida Department of State
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RE: Foreign Application for Emerald Correctional Management, L.L.C.

Dear Madam or Sir:

Please find enclosed the application to register a foreign limited liability company to transact business in Florida, along with the certified original certificate, designation of registered agent, and company check in the amount of \$125.00.

Emerald Correctional Management, L.L.C. requests that you please expedite the application and return a letter of acknowledgement at your earliest convenience.

Please feel free to contact me with any questions at (318) 425-7083.

Sincerely,

EMERALD CORRECTIONAL MANAGEMENT, L.L.C.

M. Shane Carnahan
Comptroller

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

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

1. **Emerald Correctional Management, L.L.C.**
(Name of foreign limited liability company)

2. **State of Louisiana**
(Jurisdiction under the law of which foreign limited liability company is organized)

3. **72-1362566**
(FEI number, if applicable)

4. **Oct. 6, 1997**
(Date of Organization)

5. **Perpetual**
(Duration: Year limited liability company will cease to exist or "perpetual")

6. **November 1, 2003**
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. **400 Travis Street, Suite 402**
Shreveport, LA 71101
(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:

Clay Lee **400 Travis St. Ste 402 Shreveport, LA 71101**

Glenn Hebert **101 Park West Dr. Scott, LA 70583**


William T. Lee **2207 Liberty Monroe, LA 71201**

Raywood LeMaire **101 Park West Dr. Scott, LA 70583**

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Prison Management


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.)

Clay Lee
Typed or printed name of signee

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**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:

Emerald Correctional Management, L.L.C.

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

Corporation Service Company

(Name)

1201 Hays Street

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL

32314

(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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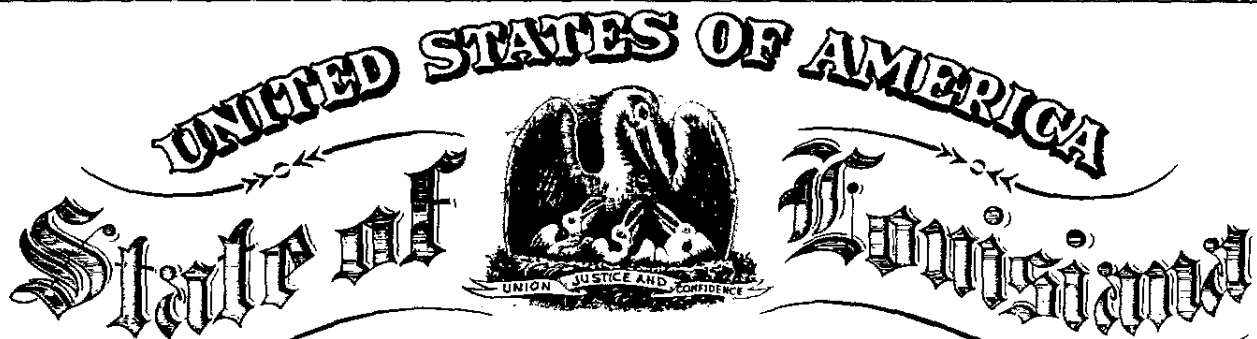
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

Evelyn Wright

(Signature)

Evelyn Wright/Authorized Representative

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



Jox McKeithen
SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
EMERALD CORRECTIONAL MANAGEMENT, L.L.C.

A LOUISIANA limited liability company domiciled at
SHREVEPORT,

Filed charter and qualified to do business in this State on
October 06, 1997,

I further certify that the records of this Office indicate
the company has paid all fees due the Secretary of State,
and so far as the Office of the Secretary of State is
concerned, is in good standing and is authorized to do
business in this State.

I further certify that this certificate is not intended to
reflect the financial condition of this company since this
information is not available from the records of this
Office.

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,*

July 18, 2003

Jox McKeithen

ABA 34573586K

Secretary of State

