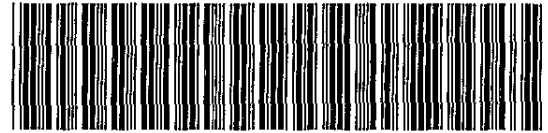


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03 DEC 30 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



900025748139

12/30/03--01037--005 **160.00

AUI LLC

(Requestor's Name)

Po Box 5647

(Address)

Jacksonville

(Address)

FL 32247

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

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

03 DEC 30 PM 1:26

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. AUT LLC
(Name of foreign limited liability company)
2. STATE OF TENNESSEE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 74-3103175
(FEI number, if applicable)
4. 8/27/03
(Date of Organization)
5. 12/1/2052
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 12/03
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1000 ENGLAND DR - SUITE A
COOKEVILLE, TN 38501
(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:

JEFFERY CALLAHAN
1000 ENGLAND DR - SUITE A
COOKEVILLE, TN 38501

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:

PROFESSIONAL ENGINEERING STUDIES OF SEWER SYSTEMS

X JEFFERY CALLAHAN

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.)

JEFFERY CALLAHAN

Typed or printed name of signee

FILED

03 DEC 30 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

AUT, LLC

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

JEFFERY CALLAHAN

(Name)

5991 CHESTER AVE - SUITE 104

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

TAKESUNVILLE FL 32217

(City/State/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.

X Jeff A. Callahan

(Signature)

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

160-

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 12/22/2003
REQUEST NUMBER: 03356581
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/27/2003
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: 12/31/2052
CONTROL NUMBER: 0452927
JURISDICTION: TENNESSEE

03 DEC 30 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO:
TSIO
PO BOX 330007

NASHVILLE, TN 37203

REQUESTED BY:
TSIO
PO BOX 330007

NASHVILLE, TN 37203

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"AUI, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF
FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 12/22/03

FROM:
TSIO
SUITE 400
1900 CHURCH STREET
NASHVILLE, TN 37203-0000

RECEIVED: FEES \$140.00 \$0.00
TOTAL PAYMENT RECEIVED: \$140.00

RECEIPT NUMBER: 00003397059
ACCOUNT NUMBER: 00333725



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE