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WO4-12467 LBRYAN MAR 31 2004 March 15, 2004

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please accept this application by a foreign LLC for a Certificate of Authority. Enclosed is \$125 for the filing fee and designation of registered agent.

Please call me at 828 632-4000 if needed.

Sincerely

Baxfer M. Hayes, Jr. UtiliPath, LLC

01, APR -6 PH 2: 11

SECRETARY OF STALE



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 31, 2004

BAXTER M. HAYES, JR. 86007 EASTPORT DRIVE FERNANDINA BEACH, FL 32034

SUBJECT: UTILIPATH, LLC Ref. Number: W04000012467

We have received your document for UTILIPATH, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 404A00021048

Joey Bryan Document Specialist

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
LIMITED LABILITY CONFANT TO TRANSACT BOSINESS IN THE STATE OF FLORIDA.	
1. (Name of foreign limited liability company)	_
2. Charlotte U.C. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	<u></u> .
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 7/2003 5./2/31/2049 (Date of Organization) 5./2/31/2049 (Defation: Year limited liability company will cease to exist or "perpetual")	
(Dataton: Tear finited flabing company win cease to exist or "perpetual")	
6. NA (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	
7. 557 Espie Little Rd 97. 1557 Espie Little Rd	
Tail 10 20001	
Taylorsville, N.C. 28681  (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:	
Druther M. Hages, JR 8607 Eastport Deire Fernandina Beach 320:	,
Buston M. Haves, III 1088 Hollyheath La Charlotte, NC 2820	3
Formal T. Hayes 1505 Bridford Thuy Suite 10H Gleenshorg	
2740	•
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: 44111 PAH LLC	
	~
anderground utility construction	-
(Sha)	
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.)	
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:		
Utili Path, LLC	<u>-</u>	- · · · · · · · · · · · · · · · · · · ·
2. The name and the Florida street address of the registered agent and office are:		3
Barter M. Hares Je (Name)	04 APR6	SECRETAR)
Florida street address (P.O. Box NOT ACCEPTABLE)	PM 2: 1	ED Corsial
Fernandina Berol FL 32034 (City/State/Zip)	_	3.5 3.6 3.6 3.6 3.6 3.6 3.6 3.6 3.6 3.6 3.6

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.

(Signature)

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

NC SEC OF STATE

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04/06 '04 14:03 NO.366 04/04



# State of North Carolina Department of The Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### UTILIPATH, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 17th day of July, 2003, with its period of duration being 12/31/2049.

I FURTHER certify that the said limited liability company's articles of organization—are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of April, 2004.

Claire I. Marshall

Secretary of State

Certification Number: 8567893-1 Page: 1 of 1 Ref.# 5844488-cs Verify this defificate online at www.secretary.state.nc.us/Verification.