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Account Name : C T CORPORATION SYSTEM

Account Number ; FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

5 PH 1: 59

FOREIGN LIMITED LIABILITY COMPANY

Dresh Excavating, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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10/5/04

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 POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Dresh Excavating, LLC	•	
(Name of Ferr	ign Limited Liability Company)	
Топпессо	3 62-1833776	
(furlsdiction under the law of which foreign limi company is organized)	ited limbility (FE) number, if applicable	(e)
09/29/2000	5. Perpetual	
(Date of Organization)	(Duration: Year limited liability compa exist or "perpensal")	my will cesse to
Upon filing	<u> </u>	
(Date fixat transacted to (See acctions 608,501 &	pusiness in Florids, if prior to registration.) 608,502 F.S. to determine penalty liability)	SEL .
530 Wolf Port Way		
Cofficie, TN 38017	,	
	treet Address of Principal Office)	
If limited liability company is a manage	x-managed company, check here	STATE
The name and usual business addresses	of the managing members or managers are as fo	ollows:
John Owen - Manager - 6151 Lake Osprey	** -	
Reginald L. Degen - Manager - 530 Wolf P	Port Way, Collierville, TN 38017	

·		
Attached is an original certificate of existence, nor jurisdiction, under the law of which it is organized. Instation, of the certificate under outh of the translator	more than 90 days old, duly authenticated by the official bas . (A photocopy is not acceptable. If the cutificate is in a for reasons submitted.)	ring custody of recon
. Nature of business or purposes to be e	onducted or promoted in Florids:	
Excavation		
Signature of a members	Deep or an authorized representative of a member.	
(In accordance with section	is 608.408(3), P.S., the execution of this document committees and kind of perjusy that the facts stated barein are true.)	•
John Owen		

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. Inc ban	ne of the Limited Liability	Company is:	
Dresh Excel	veting, LLC		·
2. The nam	ne and the Florida street ad	dress of the registered agent and office ar	n c:
	John Owen		
		(Name)	
	6151 Lake Caprey Driv	/e, #32 2	· 178
	Florida Str	ed Address (P.O. Box NOT ACCEPTABLE)	- LIAH
	Sarasoia	FL 3424D	ASSEE
		City/State/Zip	CF SI
liability com agent and a relating to t	pany at the place designate gree to act in this capacity. he proper and complete per	t and to accept service of process for the aled in this certificate, I hereby accept the ap. I further agree to comply with the provision formance of my duties, and I am familiar vil agent as provided for in Chapter 608, Flo	bove stated limited pointment as registered one of all statutes with and accept the

\$ 100.00 Fling Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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

ÚMBĚR: 04278114 CONTACT: (815) 741-6488

RTER/QUALIFICATION DATE: 09/29/200 TUS: ACTIVE PORATE EXPIRATION DATE: PERPETUAL TROL NUMBER: 0396511 ISDICTION: TENNESSEE IFICATION DATE: 09/29/2000

61 HIGHWAY 100 ŇÁŠŘVILLE, TN 37221 REQUESTED BY: HIGHWAY 100 NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "DRESH EXCAVATING, LLC"

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

FOR: REQUEST FOR CERTIFICATE

HIGHWAY 100

ÑÁŚĤVILLE, TN 37221-0000

ON DATE: 10/04/04

RECEIVED:

\$0.00

TOTAL PAYMENT RECEIVED:

\$420.00

RECEIPT NUMBER: 00003592398 ACCOUNT NUMBER: 00101230



RIGHY C. DARNELL SECRETARY OF STATE