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P 4: 55 2004 GCT 28 PLORIDA (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP TIAW MAIL (Business Entity Name) (Document Number) Certified Copies ___ Certificates of Status Special Instructions to Filing Officer:

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TRANSMITTAL LETTER

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ZCA CCT 28 P 4: 55
SECRETARY SECTIONS
TALLAMASS TO FLORIDA

TO: Registration Section Division of Corporations

SUBJECT: Kirkman Construction, LLC

(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

Richard Kirkman	
	(Name of Person)
Kirkman Construction, LLC	
	(Firm/Company)
P.O. Box 2105	
	(Address)
Meridian, MS 39301	
(Ci	101 171 0 1.)
·	ry/State and Zip Code)
·	r, please call:
ther information concerning this matter	, please call:
ther information concerning this matter Richard Kirkman (Name of Person)	r, please call:at (601) 484-4404
Richard Kirkman (Name of Person) STREET ADDRESS: Registration Section	at (601) 484-4404 (Area Code & Daytime Telephone Number) MAILING ADDRESS: Registration Section
Richard Kirkman (Name of Person) STREET ADDRESS: Registration Section Division of Corporations	at (601) 484-4404 (Area Code & Daytime Telephone Number) MAILING ADDRESS: Registration Section Division of Corporations
Richard Kirkman (Name of Person) STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	at (601) 484-4404 (Area Code & Daytime Telephone Number) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
Richard Kirkman (Name of Person) STREET ADDRESS: Registration Section Division of Corporations	at (601) 484-4404 (Area Code & Daytime Telephone Number) MAILING ADDRESS: Registration Section Division of Corporations
Richard Kirkman (Name of Person) STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	at (601) 484-4404 (Area Code & Daytime Telephone Number) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA VALUATION OF STATE IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Kirkman Construction, LLC (Name of Foreign Limited Liability Company) 2. Mississippi (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 5. December 30, 2099 September 13, 2004 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") **Upon Qualification** (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 404 Hwy 11 & 80 East Meridian, MS 39301 (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: Richard Kirkman, President 404 Hwy. 11 & 80 East - P. O. Box 2105 Meridian, MS 39301 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: Electrical/Instrumentation Construction and Residential Building

Typed or printed name of signee

Richard Kirkman

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.)

FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE SACCETARY

SCONETARY OF A

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 Compa	ny is:		
Kirkman Construct	tion, LLC			<u></u>
2. The name an	nd the Florida street address of	f the registered a	gent and office are:	
	сто	Corporation System		
		(Name)		 .
	1200 S	outh Pine Island Ro	ad	
	Florida Street Addre	ess (P.O. Box NOT	ACCEPTABLE)	_
	Plantation	FL	33324	
		City/State/Zip		
liability company agent and agree relating to the pr	ned as registered agent and to y at the place designated in thi to act in this capacity. I further oper and complete performancy position as registered agent of T Corporation System	s certificate, I her er agree to compl ce of my duties, a	reby accept the appoin y with the provisions o nd I am familiar with a	tment as registered of all statutes and accept the
J.L. Miles, Asst. Se	(Signature)			

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

\$ 25.00 Designation of Registered Agent

5.00 Certificate of Status (optional)

FILED

CERTIFICATE OF DESIGNATION OF 2001 28 P 4: 55

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

Kirkman Construction, LLC							
2. The name a	nd the Florida street address	of the registered a	igent and office are:				
	СТ	Corporation System					
	(Name)						
	1200	South Pine Island Ro	ad				
	Florida Street Add	ress (P.O. Box NO)	ACCEPTABLE)	- -			
	Plantation	FL	33324				
		City/State/Zip					
liability compar agent and agree relating to the p	med as registered agent and to the place designated in the to act in this capacity. I furth proper and complete performan ty position as registered agent C Treorporation System (Signature)	his certificate, I he her agree to comp nce of my duties, c	reby accept the appoin ly with the provisions o and I am familiar with a	tment as registered f all statutes and accept the			
	\$ 100.00	Filing Fee for	Annlication				

\$ 25.00 Designation of Registered Agent

Certificate of Status (optional)

\$ 30.00 Certified Copy (optional)

5.00

State of Mississippi

Office of the Secretary of State Eric Clark, Secretary of State Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

KIRKMAN CONSTRUCTION, LLC

Formed September 13, 2004

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

5680 PAULDING RD. ENTERPRISE MS 39330

and that the registered agent at that address is:

KIRKMAN, RICHARD ALLEN

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

A TOP MISS STATE OF MISS STATE

Given under my hand and seal of office October 26, 2004

ic (lack)

ERIC CLARK Secretary of State

Certification Number: 6729283-1 Page 1 of 1 Reference: Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify