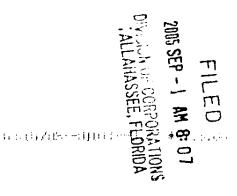
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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office Use Only



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#### TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: NewFields Denver, LLC	
	ed Liability Company)
	ility Company for Authorization to Transact Business in mitted to register the above referenced foreign amited
Please return all correspondence concerning this mat	e of Person)
Ginger Hicks	TO SE
(Name	e of Person)
NewFields Denver, LLC	
(Firm	/Company)
1349 West Peachtree Street, Suite 2000	
(A	Address)
Attanta CA 20200	
Atlanta, GA 30309	e and Zip Code)
•	•
For further information concerning this matter, pleas	e call:
Ginger Hicks/Elizabeth Voss	at (404 ) 347-9050
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
<b>Ø</b> \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Sta	\$155.00 Filing Fee & \$\Bigcup \$160.00 Filing Fee, Certificate atus Certified Copy of Status & Certified Copy

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

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

1. New Fire I d. S. 12 envery L.L. C.

1.	(Name of Foreign Limited Liability Company)					
	Carca à 54 - 259 503/a					
2. (	Georgi à  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 58-2585030  (FEI number, if applicable)					
4.	(Date of Organization)  5. Per petual (Duration: Year limited liability company will cease to exist or "perpetual")					
6.	E ST					
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)					
7.	1349 West Peachtree St., Ste 2000					
	atlantu, GA 30309 (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:					
	William L Hull - 1349 w. Reachtree St., Ste 2000 atlantu, GA 30309					
	Shahrokh Rauhani-same above					
	Gany Knieger-730 17th St, Ste9as Denver, Co. 80202					
he.						
11.	Nature of business or purposes to be conducted or promoted in Florida:					
1	Environmental Consulting Services					
	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a nslation of the certificate under oath of the translator must be submitted.)  Nature of business or purposes to be conducted or promoted in Florida:  Environmental Consulting Services					
	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.)					
	(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.)  Ginger Hicks member					

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:

NewFields D	enver, LLC.			- <del> </del>
2. The nam	e and the Florida street ad	dress of the registered agent	and office are:	IN SER
	Michael Wernke			TO THE
		(Name)	<u></u>	Section 1
	534 Meadow Ridge Dri	ive		9
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			- 95
	Tallahassee	FI.	32312	
		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, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

### Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : K951162

DATE INC/AUTH/FILED: 12/14/12/9

JURISDICTION : GEORGIA

JURISDICTION : GEORGIA PRINT DATE : 08/30/20

FORM NUMBER : 211

ER-1 M 8:08

NEWFIELDS GINGER HICKS 1349 W. PEACHTREE STREET SUITE 2000 ATLANTA, GA 30309

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

GEORGIA INMITED LIABILITY COMPANY

is in compliance with the applicable filing and annual registration provisions of Title 14 of the official code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above for was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation prany other similar document with the Office of the Secretary of State

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox Secretary of State