

WOS-000006287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

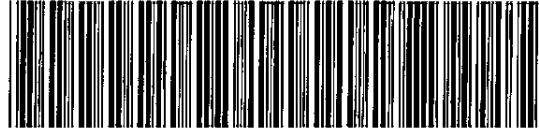
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

2548  
789, 608, 611, 671

Office Use Only

WOS-19751



000050365460

04/15/05 01036 -4121 \*\*130,000

FILED

05 NOV 14 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ESI Ergonomic Solutions  
(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:

Tracie Nelson  
(Name of Person)

ESI Ergonomic Solutions  
(Firm/Company)

250 South Mulberry, Suite 105  
(Address)

Mesa, AZ 85202  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV 14 AM 10:53

FILED

For further information concerning this matter, please call:

Tracie Nelson at ( 480 ) 517-1871  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 19, 2005

COPY

TRACIE NELSON  
250 SOUTH MULBERRY STE 105  
MESA, AZ 85202

SUBJECT: ESI ERGONOMIC SOLUTIONS  
Ref. Number: W05000019751

We have received your document for ESI ERGONOMIC SOLUTIONS and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 205A00026796

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV 14 AM 10:53

FILED

**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. ESI Ergonomic Solutions, LLC  
(Name of Foreign Limited Liability Company)
2. State of Arizona, County of Maricopa  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 86-0955047  
(FEI number, if applicable)
4. December 31, 1999  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. August 4, 2003  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 250 South Mulberry, Suite 105  
Mesa, AZ 85202  
(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:  
Carol Keogh, 250 South Mulberry, Mesa AZ 85202  
John Keogh, 250 South Mulberry, Mesa AZ 85202  
Tracie Nelson, 250 South Mulberry, Mesa AZ 85202

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: \_\_\_\_\_

Sell ergonomic accessories to furniture dealers

Tracie A Nelson  
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.)

Tracie A Nelson

Typed or printed name of signer

05 NOV 14 AM 10:53  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/08/2005 22:32 FAX 4803171872

ESI ERGONOMIC SOLUTIONS

002/002

**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:

ESI Ergonomic Solutions, LLC

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

Nancy Mackey  
(Name)

8815 Conroy-Windermere Rd., Ste 402  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Orlando FL 32835  
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.

Nancy Mackey  
(Signature)

\$ 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  
TALLAHASSEE, FLORIDA

05 NOV 14 AM 10:53

FILED

# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Secretary of the Arizona Corporation Commission, do hereby certify that

**\*\*\*ESI ERGONOMIC SOLUTIONS, L.L.C.\*\*\***

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 5th day of May 1999.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 15th Day of March, 2005, A. D.



  
EXECUTIVE SECRETARY

BY: \_\_\_\_\_