M06000002336

(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:
}
1
}

Office Use Only



800070370568

04/21/06--01032--016 **155.00

SECRETARY OF STATENS
DIVISION OF CORPORATIONS
OF APR 21 PM 2: 08

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kelmik Contracting LLC (Name of Limited Liability Company)	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Busi Florida," Certificate of Existence, and check are submitted to register the above referenced foreign liability company to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
R Michael Poole	0
(Name of Person)	NIS
Kelmik Contracting	· 37
(Fill Company)	2 3990
1361 South Federal Hwy. Apt. 102 (Address)	PH 2: 08
Boca Raton, FL 33432 (City/State and Zip Code)	
For further information concerning this matter, please call:	
R Michael Pool at (561) 951-7828 (Name of Person) (Area Code & Daytime Telephone Number)	
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \sum_{130.00}\$ \text{Filing Fee & \$\sum_{155.00}\$ \text{Filing Fee & }\sum_{1560.00}\$ \text{Filing Fee, Certificate of Status } \text{Certified Conv.} \text{of Status & Certified Conv.} \text{of Status & Certified Conv.}	

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 FOREIG LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Kelmik Contracting LLC (Name of Foreign Limited Liability Company)
2. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. Dec 16 - 2005 (Date of Organization) 5. Dec 16 - 2005 (Duration: Year limited liability company will cease to exist or "perpetual")
6. Qualification (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 70431 I Street 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. Total Test Covington LA 70437 (Street Address of Principal Office)
(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:
R Michael Pole & Kelly M. Poole
70431 I Street
Covington, LA 70433
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:
Sales and Project Management
RADO
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
The or brusse sense of orbites

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:	
Kelmik Contracting LLC	
2. The name and the Florida street address of the registered agent and office are:	OS DIVIS
R Michael Poole	15 APR 21
(Name) 1361 S. Federal Hwy Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH 2: 08
Boca Raton FL 33432 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

As Secretary of State, of the State of Louisiana, I do hereby Cerlify that KELMIK CONTRACTING LLC

A limited liability company domiciled in COVINGTON, LOUISIANA,

Filed charter and qualified to do business in this State on December 16, 2005,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on, April 12, 2006

RRO 36073620K

Secretary of State



DIVISION OF CORPORATIONS