# M07000000507

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DIVISION OF CORPORATIONS
ON JAN 25 PM 3: 16

JAN 2 6 2007.

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: W-S Mechanical Group, LLC  (Name of Limited Liability Company)									
Florida," Cer	"Application by Foreign tificate of Existence, and pany to transact business	Limited Liability Company for Authorization to Transact E check are submitted to register the above referenced foreign in Florida	Business in 1 limited						
Please return	all correspondence conce	erning this matter to the following:							
	Cheryl Benavidez								
		(Name of Person)							
	W-S Mechanical Group, LLC		<b>13</b>						
	(Firm/Company)								
	13667 192nd Street								
	(Firm/Company)  13667 192nd Street  (Address)								
	Council Bluffs, IA 51503		ARY OF STATIONS 25 PM 3: 16						
		(City/State and Zip Code)	ਹ. <sub>ਨ</sub>						
For further in	formation concerning this	matter, please call:							
Chery	l Benavidez	at ( at (							
	(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							
	check for the following ar 00 Filing Fee \$\square\$\$\$\$130.00 I								

## 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:

3. īty 5.	73-1623595  ( FEI number, if applicable)  Perpetual	·
ty	Perpetual	<u> </u>
5.	•	
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	(Duration: Year limited liability company will ce exist or "perpetual")	ase to
Flori	ida, if prior to registration.) o determine penalty liability)	97
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		JAN 25
ess of	f Principal Office)	PH
zed c	ompany, check here	ھ بب
		بب
ıanaş	ging members or managers are as follows:	Ī
s, IA	51503	
y, OK	C 73128-4214	
s, IA	51503	
copy i submit	is not acceptable. If the certificate is in a foreign languated.)	
		·
), F.S.	norized representative of a member, the execution of this document constitutes y that the facts stated herein are true.)	
	ess o ess o ged c anna y, Ok y, Ok auth )), F.S	Florida, if prior to registration.) F.S. to determine penalty liability)  ess of Principal Office)  ged company, check here   nanaging members or managers are as follows: s, IA 51503  y, OK 73128-4214  s, IA 51503  90 days old, duly authenticated by the official having custod copy is not acceptable. If the certificate is in a foreign language submitted.)  d or promoted in Florida:   Fabrication and repair of authorized representative of a member. o), F.S., the execution of this document constitutes

## 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	f the Limited Liability Compan	y is:		
W-S Mechanical	Group, LLC	_		
2. The name ar	d the Florida street address of	the regist	ered agent and office are:	SECRET DIVISION O7 JAN
	N 25			
	PA PO			
	1201 Hays Street			52
	Florida Street Address	s (P.O. Box	NOT ACCEPTABLE)	3: 16
	Tallahassee	FL	32301	
		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.

By: (Signature) Terri Egan, Asst. Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

### **STATE OF**



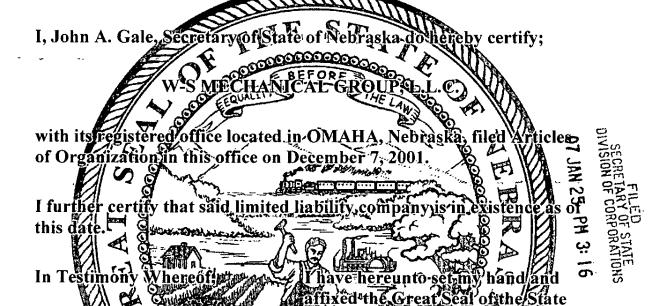
#### **NEBRASKA**

United States of America, State of Nebraska

ARCH 12

SS.

Department of State Lincoln, Nebraska



This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition of business activities and practices.