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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Computational (Name of Limit	Hydnaulies and Thansport ted Liability Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
Billy Johnso	me of Person)
	Vanaulies and Triesman Port + m/Company)
300 Front St.	P.O. Box 569 Fig D (Address)
Edwards, M. (City/Sta	5 39066 Ite and Zip Code)
For further information concerning this matter, plea	ase call:
Billy Johnson (Name of Person)	at (601) 852 - 2555 (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: \$\Bigsiz\$ \$\square\$	□\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Status 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. Computational Hydraulies and Transporth. (Name of Foreign Limited Liability Company)	LC
2. State of Mississippi 3. 64-0944 000 (Jurisdiction under the law of which foreign firmted liability (FEI number, if applicable)	
company is organized)	
1. 7/19/2001 5. 12/31/2041 (Duration: Year limited liability company will cea exist or "perpetual")	ise to
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
300 Front St. P.O. Box 569 = ~	
Edwards, MS 39066 AR F	<u> </u>
If limited liability company is a manager-managed company, check here 🗵 📆 💍	_
The name and usual business addresses of the managing members or managers are as follows: Billy H. Johnson, P.O. Box 569, Edwards Mo 390	
 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language anslation of the certificate under oath of the translator must be submitted.) 	of records in ge, a
1. Nature of business or purposes to be conducted or promoted in Florida: Zumesical	
Modeling of hydrodynamics, sediment, & Water of	Duality
- Belly H. Johnson	
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S. Line execution of this document constitutes	
an affirmation under the penalties of perjury that the facts stated herein are true.)	
Billy H. Johnson	

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.

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

Allen Teeten	
(Name) ZEC 281	
38/8 Stan Island Daives Horida Street Address (P.O. Box NOT ACCEPTABLE)	
_ Holiday FL 3469/ 87 W	O
City/State/Zip Grn =	

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.

(Signature)

1. The name of the Limited Liability Company is:

\$ 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 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:

COMPUTATIONAL HYDRAULICS AND TRANSPORT LLC

Formed July 19, 2001

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:

300 S JACKSON ST EDWARDS MS 39066

and that the registered agent at that address is:

BILLY H JOHNSON

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.

SE OFFICIAL SO

Given under my hand and seal of office January 29, 2007

Tic Clark

ERIC CLARK
Secretary of State

Certification Number: 8734939-1. Page 1 of 1 Reference: Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify