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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to 855/6	Filing Officer:	7/
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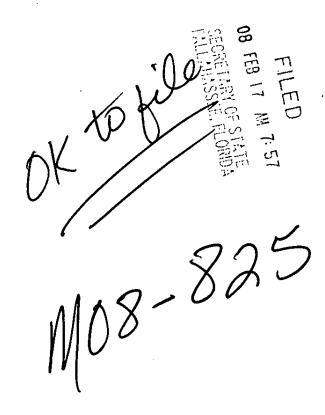
Office Use Only



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02/22/08--01003--019 **51.25

10/22/07--01048--003 **78.75



107 6210

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: 1echnical me Risk Managen en Trockle Garage - (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:				
Name of Person)				
(Name of Person)				
Technical Risk MANAGEMENT LLC (Firm/Company)				
1755 Locust ST (Address)				
Denver "CO 80270 (City/State and Zin Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
TASON Schwartz at (239) 634-6328 (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: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc				
130-78.75 = \$51.25				



October 23, 2007

TIM BATOR 1755 LOCUST ST DENER, CO 80220

SUBJECT: TECHNICAL RISK MANAGEMENT, LLC

Ref. Number: W07000052490

We have received your document for TECHNICAL RISK MANAGEMENT, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, Ltd. Liability Co., and L.L.C. are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2008 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

hivision of Cornerations P.O. ROY 6327 Tallahassoe Florida 32314

Letter Number: 007A00062280

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.	Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Com	ame unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written ent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability pany," "L.L.C.," "LLC.")
2	urisdiction under the law of which foreign limited liability 3. 48 - 130 56 5 / (FEI number, if applicable)
ço	impany is organized)
4	(Date of Organization) 5. Perce LA (Duration: Year limited liability company will cease to
	(Date of Organization) 5. Perpe to A ((Duration: Year limited liability company will cease to exist or "perpetual")
6	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	1755 Locust ST
_	
	Denvez CO 80220 (Street Address of Principal Office)
9. T	The name and usual business addresses of the managing members or managers are as follows:
	1755 Locust ST Denvez Co 80220 - Tim BATOR
-	1820 Lockmore Drive Longmont, CO 80501 - Gretchen Schwartz
10. A	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in instruction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a lation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: Fire Rolection
_	For the Power Industry
	In BATA
	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.)
	Tim BATOR
	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 Liabi	lity Compan	y is:	
	TECHNIC	AL RISK MAI	NAGEMENT, LLC	
If name unav	ailable, the alternate	name to be u	used in the state of Florida is:	SECOND TO
2. The name	and the Florida stree	t address of	the registered agent and office	are: SSE T
	NRAI Services, Inc	G.		
			(Name)	
	2731 Executive Pa	ark Drive, Suit	e 4	
	Florida	Street Addres	s (P.O. Box <u>NOT</u> ACCEPTABLE)	
	Weston		_{FL} 33331	•
			City/State/Zip	
liability comp agent and agr relating to the obligations of NRAI Services By:	any at the place desig see to act in this capac proper and complete my position as regist	gnated in this city. I further performanc	accept service of process for the certificate, I hereby accept the ragree to comply with the provice of my duties, and I am familias provided for in Chapter 608, I	appointment as registered isions of all statutes r with and accept the
		\$ 100.00	Filing Fee for Application	
			Designation of Registered Ag	ent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Mike Coffman, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

TECHNICAL RISK MANAGEMENT, LLC

is a Limited Liability Company

formed or registered on 04/01/2003 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20031102366.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/04/2008 that have been posted, and by documents delivered to this office electronically through 02/08/2008 @ 14:21:25.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 02/08/2008 @ 14:21:25 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7003828.



FILED

8 FEB 17 M 7: 57

ECRETARY OF STATE
ALLYMIKSSEE, FLORDA

Secretary of State of the State of Colorado

*End of Certificate*************

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."</sup>

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Technical Risk Management 12C (Name of corporation - must include suffix)			
(Name of corporation - must include suffix)			
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.			
Please return all correspondence concerning this matter to the following:			
Tim BATOR			
(Name of Person)			
Technical Risk Management LLC			
(Firm/Company)			
1755 Lowst ST			
(Address)			
Technical Risk Management, LLC (Firm/Company) 1755 Lawst ST (Address) Denser CO 80220 (City/State and Zip code)			
(City/State and Zip code)			
For further information concerning this matter, please call:			
T. BATOR 1203 1870 87/3			
Name of Person) at (303) 870 - 8263 (Area Code & Daytime Telephone Number)			
, , , , , , , , , , , , , , , , , , , ,			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
New Filing Section New Filing Section			
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32314			
Tallahassee, FL 32301			
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$\sim \\$78.75 Filing Fee & \$\sum \\$78.75 Filing Fee & \$\sum \\$87.50 Filing Fee, Certificate of Status & Certified Copy			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. Techni	cq\\Z\s\K\\\\\AAAGEMEKT,\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(Enter name of co	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")
(If name unavaila	able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Coloe	ADS 3. 48 - 1305651 (FEI number, if applicable)
(State or country	under the law of which it is incorporated) (FEI number, if applicable)
. 4-1-	5. (Duration: Year corp. will cease to exist or "perpetual")
(Date	of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
	,
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
. 1755	Locust ST Dewer Co 80220 (Principal office address) Courset milling address)
l.	(Current maning address)
	of corporation authorized in home state or country to be carried out in state of Florida)
. Name and stree	t address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name:	NRAI Services Inc
Office Address:	2731 Executive PARK Drive STE 4
	$\frac{W \in STOR}{(City)}$, Florida $\frac{33331}{(Zip code)}$
	(City) (Zip code)
laving been name esignated in this urther agree to co	ent's acceptance: ed as registered agent and to accept service of process for the above stated corporation at the plac application, I hereby accept the appointment as registered agent and agree to act in this capacity amply with the provisions of all statutes relative to the proper and complete performance of my di with and accept the obligations of my position as registered agent.
_	(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	CE WITH SECTION 607. OREIGN CORPORATIO				
Tech	real Pick	MANGENE	- //	•	
(Enter name o	Nica 12 is K f corporation; must include	"INCORPORATED." "CO	OMPANY." "C	ORPORATION."	
"Inc.," "Co.,"	"Corp," "Inc," "Co," or "Cor	р.")			
		<u> </u>			
	ailable in Florida, enter alter	-		_	=
2. <u>Colo</u>	Y under the law of which it	3.	48 - 1	1305651	
(State or count	y under the law of which it	is incorporated)	(PEI	number, if applicable)	
4. 4-	1- Z003	5 .			
(Da	/- 2003 ate of incorporation)	(Dur	ation: Year co	rp. will cease to exist or	"perpetua!")
		_			
	(Date first t	ransacted business in Flori	da, if prior to r	egistration)	·
	(SEE SECTIONS	S 607.1501 & 607.1502, F.	S., to determine	s penalty liability)	
7 <u>. 1755</u>	Locust ST	1)eve	ر کن	80220	
	/	(Principal office address)		0.00	
1755	Locust Si	Denve	<u>උ</u> ු	80200	
	` (Current mailing address)			
8	(s) of corporation authorized	d is home state or country	b be estried on	t in state of Florida)	_
9. Name and str	eet address of Florida regi	istered agent: (P.O. Box	NOT accept	able)	
Name:	NRAI Sen	ices Inc		a 4	
Office Address:	2731 Execu	tive PARK Driv	e STE	પ	
	WESTERR	ty)	Florida 33	.33 i	
	(Ci		(Zi	code)	
10 D-5-4				· -	
	igent's acceptance: <i>ned as registered agent a</i>	nd to accept service of n	rocess for the	abave stated cornora	tion at the place
designated in thi	is application, I hereby ac	cept the appointment as	registered ag	gent and agree to act i	n this capacity. I
further agree to a	comply with the provision or with and accept the obl	ns of all statutes relative Vigotions of my position	to the proper	and complete perform	nance of my duties
			ra .cgmeren	ugeren.	
Л	IKAI Senree, I				•
1	1RAI Serves, I By: Christ	lha		10/18/07	
_	(Registered	i agent's signature)			
11. Attached is a	Christian Eubanks, certificate of existence di	Assistant Secretary	ne than 90 de	vs prior to delivery of	this annlication to
the Department o	f State, by the Secretary of	of State or other official l	naving custod	y of corporate records	in the jurisdiction

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: _ Vice Chairman: Address: Director: ___ Address: ___ Director: Address: **B. OFFICERS** President: Cretchen Schwartz Lockmore Drive Longmont CO 80501 Vice President: Tim BATOR ST Denver CO Address: 1755 Locust 8622*0* 80220 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) Tim BATOR - MANAGING PARTHER

(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Mike Coffman, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

TECHNICAL RISK MANAGEMENT, LLC

is a Limited Liability Company

formed or registered on 04/01/2003 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20031102366.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/15/2007 that have been posted, and by documents delivered to this office electronically through 10/18/2007 @ 15:09:01.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 10/18/2007 @ 15:09:01 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6913410.



Mik Coffm

Secretary of State of the State of Colorado

******End of Certificate************************

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.uv/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."