M08000001855

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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<i>;</i>
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
L. SELLERS
APR 17 2008
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ZUUB APR 15 PM 12: 50
SECRETARY OF STATE
AHASSEE FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations	
	CE AGENCY d/b/a TNSURANCE SOLUTIONS ited Liability Company)
	ability Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	natter to the following:
JOSEPH TYSO (Na	on Wilkins IV ume of Person)
INSURA:	NCE SOLUTIONS, LLC m/Company)
15001 ARBOR RE	SERVE CIRCLE (Address)
TAMPA, FL (City/St	33624
(City/St	ate and Zip Code)
For further information concerning this matter, ple	ase call:
Tyson Wilkins	at (813) 961-4396
(Name of Person)	at (813) 961-4396 (Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsis \\$125.00 \text{ Filing Fee} \Bigsis \\$130.00 \text{ Filing Fee & Certificate of } \]	\$155.00 Filing Fee & \$\mathbb{U}\$160.00 Filing Fee, Certificate} Status Certified Copy of Status & Certified Cop



April 1, 2008

JOSEPH TYSON WILKINS IV 15001 ARBOR RESERVE CIRCLE TAMPA, FL 33624

SUBJECT: THE TYSON WILKINS INSURANCE AGENCY

Ref. Number: W08000016810

We have received your document for THE TYSON WILKINS INSURANCE AGENCY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective July 1, 2007, the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend.your document accordingly.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6967.

Letter Number: 308A00019190

Leslie Sellers Regulatory Specialist II



April 10, 2008

JOSEPH TYSON WILKINS IV 15001 ARBOR RESERVE CIRCLE TAMPA, FL 33624

SUBJECT: THE TYSON WILKINS INSURANCE AGENCY

Ref. Number: W08000016810

We have received your document for THE TYSON WILKINS INSURANCE AGENCY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The filing was originally submitted under "THE TYSON WILKINS INSURANCE AGENCY" and was rejected for the suffix. Now the application is under "ENVIRONMENTAL COST SOLUTIONS, LLC" which does not match the certificate and is already qualified to transact business in this office.

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) 245-6967.

Letter Number: 008A00021433

Leslie Sellers Regulatory Specialist II

DO DOW GOOD WILL DISTRIBUTE

ik ve :

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FILIRIDA:	_
1. THE TYSON WILK INS INSURANCE AGENCY LLC. (Name of Foreign Limited Liability Company)	•
$\iota \mathcal{N}$	
2. Hits Bosous H County [Jurisdiction under the law of which foreign limited liability] 3. 20-5565961 (FEI number, if applicable)	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
5-15-2MG 5 Propertial	
4. 5-15-2006 5. PERPETUAL (Duration: Year limited liability company will cease to	
exist or "perpetual")	
6. 1-4-2008	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 15001 ARBOR RESERVE CIRCLE	
TAMPA, FL 33624 (Street Address of Principal Office)	
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	
6. If inflict hatthly company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follows:	
Joseph Tyson Wikins IX - maen	
· · · · · · · · · · · · · · · · · · ·	
15001 ARBOR Reserve Circle	
TAMPA, FL 33624	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records	it)
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 onth of the translation must be submitted.)	
(Carried A to the contract of	
11. Nature of business or purposes to be conducted or promoted in Florida: TNSURANCE	
POLICIES - HEALTH, LIFE DISABILITY, LONG TERM CARE.	
2 1 1 - 00	
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 penjury that the facts stated herein are true.)	П
Typed or printed name of signee ASSE T	-
mo - m	7
PHI2: 50	; -3
PAA 2:	
50	

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:
THE TYSON WILKIN'S ENSURANCE AGENCY US
2. The name and the Florida street address of the registered agent and office are:
JOSEPH TYSON WILLEINS AV
15001 ARBOR RESERVE CIRCLE Plorida Street Address (P.O. Box NOT ACCEPTABLE)
TAMPA FL 33624_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 begalve accept the appointment as registers

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)

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

2008 APR 15 PH 12: 50
SECRETARY OF STATE

Beth Chapman Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

file in this office domestic corporate records on LLC disclose that The Tyson Wilkins Insurance Agency, the Judge of Probate of Baldwin organized in the office of County on May 15, 2006. I further certify that the records do not disclose that said The Tyson Wilkins Insurance Agency, LLC has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol in the City of Montgomery, on this day.

December 7, 2007

Date

Beth Chapman

Secretary of State

Beth Chapman