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SECRETARY OF STATE OF CORPORATION

G. MCLEOD

MAY 2 0 2008

**EXAMINER** 

#### **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ	ECT: Phill-Con services,	LLC of Limited Liability Co	ompany)				
Florid		k are submitted to regis	for Authorization to Transact Business in ster the above referenced foreign limited				
Please	e return all correspondence concerning	g this matter to the follo	owing:				
	Connie H. Nichols						
		(Name of Person)					
	Phill-Con services, LLC						
(Firm/Company)							
	6621 Wilbanks Ro	ad					
		(Address)					
	Knoxville, TN 3791	12					
	((	City/State and Zip Cod	e)				
For fu	rther information concerning this mat	ter, please call:					
	Connie H. Nichols	at ( 865	219-7334				
	(Name of Person)		e & Daytime Telephone Number)				
	MAILING ADDRESS: STREET ADDRESS:						
	Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301					
Enclos	sed is a check for the following amoun \$125.00 Filing Fee \$130.00 Filing Certif	; Fee & \$\infty\$\$ \Big \$ \$155.00 Filir	ng Fee & \$\Bigcup\$160.00 Filing Fee, Certificate tified 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:

Phill-Con services, LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	.LC.")	_
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a consent of the managers or managing members adopting the alternate name. The alternate name must include "Lir Company," "L.L.C.," "LLC.")		
<sub>2.</sub> Alabama <sub>3.</sub> 26-1134562		
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)		
4. 9/26/2007 (Date of Organization)  5. perpetual (Duration: Year limited liability company will exist or "perpetual")	ll cease to	— ,
6.	80	SIVIE
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	MAY	SC.
7. Box 110A, RR2	19	
Uniontown, Alabama 36786	P	200 A
(Street Address of Principal Office)		4.18 4.18
8. If limited liability company is a manager-managed company, check here 🗹	_	<b>S</b>
9. The name and usual business addresses of the managing members or managers are as follow	s:	
John P. McMullen		
6621 Wilbanks Road		_
Knoxville, TN 37912		_
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cut the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lateranslation of the certificate under oath of the translator must be submitted.)		xoords in
11. Nature of business or purposes to be conducted or promoted in Florida:		_
Any lawful business or activity under the law of this state	<del></del>	<b></b> '
Je 7. m		
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.)  John P McMullen		

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 Liability (	Company is:		
Phill-Cor	services, LLC			-
If name unava	tilable, the alternate name	e to be used in the sta	ite of Florida is:	
2. The name	and the Florida street add	-	l agent and office are	:
Page at the State of the State	1200 South P	(Name)	ad	
•	· .			
	Plantation	FL City/State/Zip	33324	

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)
Danny Verdecchia, Jr. Asst. Sectretary

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

the domestic corporate records on file in this office disclose that Phill-Con Services, LLC organized in the office of the Judge of Probate of Montgomery County on September 26, 2007. I further certify that the records do not disclose that said Phill-Con Services, 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.

April 24, 2008

Date

Beth Chapman

Beth Chapman

Secretary of State