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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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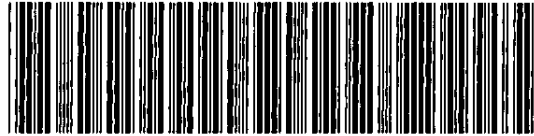
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SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 MAY 20 AM 8:12

# SANDERS PETMECKY WELCH, LLC

3060 MERCER UNIVERSITY DRIVE  
SUITE 200

ATLANTA, GEORGIA 30341

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CHRISTOPHER E. KLEIN, OF COUNSEL

\*ALSO A MEMBER OF THE STATE BAR OF TENNESSEE  
\*\*ALSO A MEMBER OF THE STATE BAR OF FLORIDA

May 16, 2008

**VIA FEDEX EXPRESS SAVER #7920 5782 8644**

The Honorable Kurt S. Browning  
Secretary of State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Application By Foreign Limited Liability Company for  
Authorization to Transact Business in Florida of R.E.A.P., LLC**

Dear Secretary Hood:

Enclosed please find an original and one (1) copy of the *Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida* (the "Application") of ***Emerald Coast Linen Services, LLC***, a Wyoming limited liability company and the Certificate of Designation of Registered Agent/Office (the "Certificate"). We have also enclosed the required Certificate of Good Standing (along with a Validation Certificate) from the Office of the Secretary of State of the State of Wyoming. Please file the originals in the records of the Office, and provide the copies of the Application and Certificate to me stamped "FILED" at the address above in the enclosed postage-prepaid envelope. Also enclosed you will find the Secretary of State's filing fee of \$125.00 to perform the foregoing functions. Please contact me at the above address if you require anything further.

With kindest regards, I am

**Sanders Petmecky Welch LLC**



STEVEN T. WELCH

STW/dep

Enclosure(s) as stated

Cc: File  
Wayne A. Ritenour Jr. (VIA US First Class Mail w/out enclosures)

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **Emerald Coast Linen Services, LLC**  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. **Wyoming** 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. **April 3, 2008** 5. **Perpetual**  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. **N/A**  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. **127 Buds Lane**  
**Santa Rosa Beach, FL 32459**  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

**Wayne A. Ritenour, Sr.**

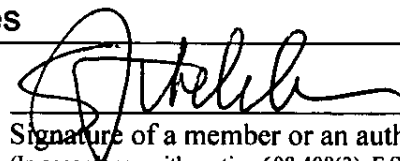
**11 Newcastle Court**

**Niceville, FL 32578**

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DIVISION OF CORPORATION  
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10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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 oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: **commercial**  
**linen services**



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.)

**Steven T. Welch, General Counsel**

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:

**Emerald Coast Linen Services, LLC**

If name unavailable, the alternate name to be used in the state of Florida is:

\_\_\_\_\_

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

**Wayne A. Ritenour, Jr.**

(Name)

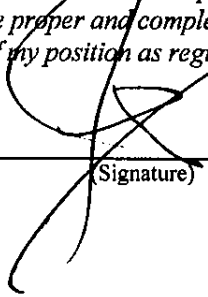
**2 Southminster Court**

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

**Niceville, FL 32578**

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.*

  
\_\_\_\_\_  
(Signature)

\$ 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 WYOMING**  
**Office of the Secretary of State**

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**Emerald Coast Linen Services, LLC**

is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **April 3, 2008**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2008-000552832**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 29th day of April, 2008 at 1:05 PM. This certificate is assigned 002787020.



  
Secretary of State