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Certified Copies Certificates of Status		
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EXAMINER



FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446 OFFICE USE ONLY

WALK-IN

ENTITY NAME:

ERC SOLUTIONS, LLC

CK# 3669

AMOUNT \$310.00 (\$155.00 FOR THIS FILING)

PLEASE FILE THE ATTACHED ARTICLES OF ORGANIZATION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

___ STAMPED COPY

___ CERTIFICATE OF STATUS

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE POLLOWING IS SUBJECTED TO REGISTER A FOREIGN

LINETED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA	•
1. ERC SOLUTIONS, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability	Company, "LLC.," or "LLC.")
ERConcrete Solutions, LLC	
(If name unavailable, enter alternate name adopted for the purpose of transacting busi- consent of the managers or managing members adopting the alternate name. The alter- Company," "L.L.C.," "LLC.")	ness in Florida and attach a copy of the written name must include "Limited Liability
2. Tennessee 3. 26-14993	71
(Jurisdiction under the law of which foreign limited liability (FE company is organized)	number, if applicable)
4. <u>11-3-07</u> 5. Perpetual	
(Date of Organization) (Duration: Year exist or "perpetu	imited liability company will cease to
6. Upon filing	三 京 6
(Date first transacted business in Florida, if prior to regist (See sections 608.501 & 608.502 F.S. to determine penalty	Pakiting.
7. 450-106 State Road 13, #314	3.27
Jacksonville, FL 32259	
(Street Address of Principal Office)	<u> </u>
8. If limited liability company is a manager-managed company, check h	ere Confidence 25
9. The name and usual business addresses of the managing members or	managers are as follows:
Director Managed:	
Dir/Miranda Jackman 4712 State Road 13, S	aint Johns, FL 32259
Dir/ Richard Jackman 4712 State Road 13, S	aint Johns,FL 32259
10. Attached is an original certificate of existence, no more than 90 days old, duly authentic the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the massistion of the certificate under eath of the translator must be submitted.)	ted by the official having custody of records in ecentificate is in a threign language, a
1. Nature of business or purposes to be conducted or promoted in Floris	ta: carry out such
business activities as within the respective co	rporate statutes
Munda Ackoma	<u></u>
Signature of a member or an authorized represents (in accordance with section 608,408(3), FO., the capaciton of this	tive of a member.
(in accordance with section 508,408(3), FCM, the execution of this can affirmation under the penalties of perjusy that the facts stated in	
Miranda Jackman	
' 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:
ERC SOLUTIONS, LLC
If name unavailable, the alternate name to be used in the state of Florida is:
ERConcrete Solutions, LLC
2. The name and the Florida street address of the registered agent and office are:
NRAI Services, Inc.
(Name)
2731 Executive Park Drive, Suite 4
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Weston FL 33331
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 registere 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. NHAI Services, Inc. By: Legistered (Signature) Eileen Chaddock Special Asst. Secretary

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

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of ERC SOLUTIONS, LLC
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
TENNESSEE .
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
ERConcrete Solutions, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)
Date: December 1,2008
Signature(s) of Manager(s) and/or Managing Member(s):
Miranda Jackman By: Wira & Jackman
President //

CR28122 (7/07)

Secretary of State Division of Business Services 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 12/03/2008 REQUEST NUMBER: 08338100 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 11/13/2007 STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0563122
JURISDICTION: TENNESSEE

TO: CFS 8161 HIGHWAY 100 NASHVILLE, TN 37221 REQUESTED BY: 8161 HIGHWAY 100 MASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "ERC SOLUTIONS, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID: THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED; THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

CAPITAL FILING SERVICE (CFS)

NASHVILLE, TN 37221-0000

8161 HIGHWAY 100 #172

ON DATE: 12/03/08

RECEIVED: \$60.00

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TOTAL PAYMENT RECEIVED:

RECEIPT NUMBER: 00004501129 ACCOUNT NUMBER: 00101230

RILEY C. DARNELL SECRETARY OF STATE