

M09000000652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

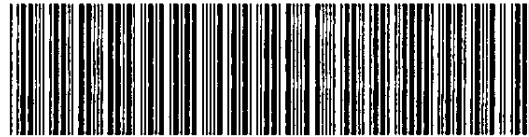
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700193915677

02/14/11--01020--023 **30.00

FILED

2011 FEB 14 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

FEB 15 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EC Source Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melody Sheen

Name of Person

EC Source Services, LLC

Firm/Company

16055 Space Center Blvd, Suite 180

Address

Houston, TX 77062

City/State and Zip Code

msheen@ecsourceservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melody Sheen

Name of Person

at (480) 245-7200

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB 14 PM 12:54

FILED

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

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: EC Source Services, LLC

2. Jurisdiction of its organization: Nevada

3. Date authorized to do business in Florida: 02/16/2009

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? n/a

5. New name of the limited liability company: n/a
(must end with "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 end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

n/a

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

n/a

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: please see attached

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized representative of a member

Casey Maslonka

Typed or printed name of signee

Filing Fee: \$25.00

2011 FEB 14 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Section 8 contained in the Application is hereby amended in its entirety to read as follows:

8 Management of the limited liability company is vested in designated managers whose names and addresses are (i) Pablo Alvarez, 800 South Douglas Road, 12th Floor, Coral Gables, Florida 33134, (ii) Robert Apple, 800 South Douglas Road, 12th Floor, Coral Gables, Florida 33134, (iii) James Haunty, 6644 East Thomas Road, Suite 203, Mesa, Arizona 85215, (iv) Casey Maslonka, 6644 East Thomas Road, Suite 203, Mesa, Arizona 85215, and (v) Martin Maslonka, P.O. Box 740, Zephyr Cove, Nevada 89448. The names and addresses of the members who own a twenty percent or greater interest in the capital or profits of the limited liability company are (i) MasTec, Inc., a Florida corporation, 800 South Douglas Road, 1th Floor, Coral Gables, Florida 33134, and (ii) Force Capital Partners, LLC, a Nevada limited liability company, P.O. Box 740, Zephyr Cove, Nevada 89448.

FILED

2011 FEB 14 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF NEVADA

ROSS MILLER
Secretary of State

SCOTT W. ANDERSON
Deputy Secretary
for Commercial Recordings



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701-4069
Telephone (775) 684-5708
Fax (775) 684-7138

C T CORPORATION SYSTEM

Job: C20110114-0590
January 14, 2011

Special Handling Instructions:
01/14/11 CT E-MAIL

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Entity Copies	00002988027-56		2	\$2.00	\$4.00
Copies - Certification of Document	00002988027-56		1	\$30.00	\$30.00
24-HR Copy Expedite	00002988027-56		1	\$125.00	\$125.00
Total					\$159.00

Payments

Type	Description	Amount
Billed	750060	\$159.00
Total		\$159.00

Credit Balance: \$0.00

Job Contents:

NV Corp Certified Copy Request Cover 1
Letter(s):

FILED
2011 FEB 14 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C T CORPORATION SYSTEM

STATE OF NEVADA

ROSS MILLER
Secretary of State



SCOTT W. ANDERSON
Deputy Secretary
for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Certified Copy

January 14, 2011


Job Number: C20110114-0590
Reference Number: 00002988027-56
Expedite:
Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
20100898597-49	Amended List	2 Pages/1 Copies



Respectfully,


ROSS MILLER
Secretary of State

Certified By: Chris Thomann
Certificate Number: C20110114-0590
You may verify this certificate
online at <http://www.nvsos.gov/>

2011 FEB 14 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Commercial Recording Division
202 N. Carson Street
Carson City, Nevada 89701-4069
Telephone (775) 684-5708
Fax (775) 684-7138

ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND REGISTERED AGENT AND STATE BUSINESS LICENSE APPLICATION OF:

EC SOURCE SERVICES, LLC

FILE NUMBER

E0699882006-7

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF 9/2010 TO 9/2011



110401

****YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov****

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

CSC SERVICES OF NEVADA, INC. (Commercial Registered Agent)
502 EAST JOHN STREET
CARSON CITY, NV 89706 USA

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nvsos.gov

Filed in the office of Ross Miller Secretary of State State of Nevada	Document Number 20100898597-49 Filing Date and Time 12/01/2010 4:53 PM Entity Number E0699882006-7
--	--

(This document was filed electronically.)
ABOVE SPACE IS FOR OFFICE USE ONLY

USE BLACK INK ONLY - DO NOT HIGHLIGHT

- ☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)
- IMPORTANT:** Read instructions before completing and returning this form.
- Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
 - If there are additional managers or managing members, attach a list of them to this form.
 - Annual list fee is \$125.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
 - State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
 - Make your check payable to the Secretary of State.
 - Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
 - Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
 - Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ANNUAL LIST FILING FEE: \$125.00 LATE PENALTY: \$75.00 BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00

Complete only if applicable

☐ Pursuant to NRS, this corporation is exempt from the business license fee. Exemption code:

☐ Month and year your State Business License expires: 20

Section 7(2) Exemption Codes

- 001 - Governmental Entity
- 002 - 501(c) Nonprofit Entity
- 003 - Home-based Business
- 004 - Natural Person with 4 or less rental dwelling units
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

NAME PABLO ALVAREZ		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input checked="" type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS 800 S. DOUGLAS RD., 12TH FLOOR	CITY CORAL GABLES	STATE FL	ZIP CODE 33134
NAME ROBERT APPLE		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input checked="" type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS 800 S. DOUGLAS RD., 12TH FLOOR	CITY CORAL GABLES	STATE FL	ZIP CODE 33134
NAME JAMES HAUNTY		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input checked="" type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS 6644 E. THOMAS RD., SUITE 203	CITY MESA	STATE AZ	ZIP CODE 85215
NAME CASEY MASLONKA		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)	
		<input checked="" type="checkbox"/> MANAGER	<input type="checkbox"/> MANAGING MEMBER
ADDRESS 6644 E. THOMAS RD., SUITE 203	CITY MESA	STATE AZ	ZIP CODE 85215

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X CASEY MASLONKA

Title

SECRETARY

Date

12/1/2010 4:51:42 PM

Signature of Manager or Managing Member

Nevada Secretary of State Annual List ManagMem
Revised: 8-5-09

ANNUAL LIST OF MANAGER OR MANAGING MEMBERS AND REGISTERED AGENT OF
EC SOURCE SERVICES, LLC

FILE NUMBER

E0699882006-7

NAME MARTIN MASLONKA		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input checked="" type="checkbox"/> MANAGER <input type="checkbox"/> MANAGING MEMBER	
ADDRESS P.O. BOX 740	CITY ZEPHYR COVE	ST NV	ZIP 89448
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input type="checkbox"/> MANAGER <input type="checkbox"/> MANAGING MEMBER	
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input type="checkbox"/> MANAGER <input type="checkbox"/> MANAGING MEMBER	
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input type="checkbox"/> MANAGER <input type="checkbox"/> MANAGING MEMBER	
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input type="checkbox"/> MANAGER <input type="checkbox"/> MANAGING MEMBER	
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input type="checkbox"/> MANAGER <input type="checkbox"/> MANAGING MEMBER	
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input type="checkbox"/> MANAGER <input type="checkbox"/> MANAGING MEMBER	
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input type="checkbox"/> MANAGER <input type="checkbox"/> MANAGING MEMBER	
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input type="checkbox"/> MANAGER <input type="checkbox"/> MANAGING MEMBER	
ADDRESS	CITY	ST	ZIP
NAME		(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED) <input type="checkbox"/> MANAGER <input type="checkbox"/> MANAGING MEMBER	
ADDRESS	CITY	ST	ZIP

FILED
2011 FEB 14 PM 12:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **EC SOURCE SERVICES, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 20, 2006, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 8, 2011.



[Signature]
ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20110208-0299
You may verify this electronic certificate
online at <http://www.nvsos.gov/>

FILED
2011 FEB 14 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA