MA 00000/006

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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T. CLINE

MAR 1 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: EMS Quality Control, LLC (Name of Limi	ited Liability Company)		
The enclosed "Application by Foreign Limited Lial Florida," Certificate of Existence, and check are su liability company to transact business in Florida			n
Please return all correspondence concerning this m	atter to the following:		
Kasi Egbert			
(Nai	me of Person)		
EMS Quality Control, LLC	encial and the second	: ===	
(Fire	m/Company)	35.CR 36.CR 36.CR	10-14 <u>3</u> -14-15
PO Box 1007, 109 Fieldvie	w Drive	2009 MAR 12 SECRETARE	enthern manner ää
	(Address)		
Versailles, KY 40383		PH I2: 35	g. Propert
	ate and Zip Code)	" O	
For further information concerning this matter, plea	ase call:		
Shane Honn	at (859) 873-0076		
(Name of Person)	(Area Code & Daytime Telephone Nu	ımber)	
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount: \$\sum \frac{1}{2}\$125.00 Filing Fee & Certificate of	□\$155.00 Filing Fee & □\$160.00 Filing Fees Status Certified Copy of Status	See, Certificate us & Certified Co	ру

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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S	STATE OF FLORIDA:
1. EMS Quality Control, LLC	
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
	51-0596329
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6.	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S.)	ida, if prior to registration.) to determine penalty liability)
7. 109 Fieldview Drive	mo p
Versailles, KY 40383	2: 3: GRIC
	f Principal Office)
8. If limited liability company is a manager-managed of	company, check here
9. The name and usual business addresses of the mana	ging members or managers are as follows:
Shane Honn - PO Box 1007 Versaille:	s, KY 40383
Mary Smith - PO Box 1007 Versailles,	KY 40383
David Bennett - 9122 N. Hwy 146, ST	E 300 Baytown, TX 77523
10. Attached is an original certificate of existence, no more than 90 dathe jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	itted.)
	horized representative of a member. S., the execution of this document constitutes

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 Compar	ny is:	
EMS Quality Control, LLC		
If name unavailable, the alternate name to be	used in the state of Flori	da is:
2. The name and the Florida street address of	the registered agent and	office are:
CT Corporation Syste	m	PH 12: 35 OF STATE FLORID
	(Name)	
1200 South Pine Islan	nd Road 88 (P.O. Box <u>NOT</u> acceptal	
Plantation	FL 33324 City/State/Zip	
Having been named as registered agent and to liability company at the place designated in this agent and agree to act in this capacity. I furthe relating to the proper and complete performant obligations of my position as registered agent a (Signature)	certificate, I hereby occi r agree to comply with th re of my duties, and I am j s provided for in Chapter Laura	ept the appointment as registered ne provisions of all statutes familiar with and accept the

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

2/27/2009

Commonwealth of Kentucky Trey Grayson, Secretary of State

Division of Corporations Business Filings

P. O. Box 718
Frankfort, KY 40602
(502) 564-2848
http://www.sos.ky.gov

Certificate of Existence

Authentication Number: 77113

Visit http://apps.sos.ky.gov/business/obdb/certvalidate.aspx to authenticate this certificate.

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

EMS QUALITY CONTROL LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is August 3, 2006.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 27th day of February, 2009.



Tabo

Trey Grayson
Secretary of State
Commonwealth of Kentucky
77113/0644208