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T. HAMPTON

MAY - 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Estate Management Solution LLC.		
(Name of Limited Liability Company)		
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited	
Please return all correspondence concerning this m	atter to the following:	
William Smith	. <u></u>	
(Nai	ne of Person)	
Estate Management Solution		
(Fir	m/Company)	
106 Wisteria Drive		
	(Address)	
11-44' h NAO 20404		
Hattiesburg MS 39401		
(Chy/Su	ate and Zip Code)	
For further information concerning this matter, ple	ase call:	
Will Smith	at (901) 515-7119	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: [] \$125.00 Filing Fee	\$155.00 Filing Fee & \$\Bigsquare \\$160.00 Filing Fee, Certificate Status Certified Conv. of Status & Certified Conv.	

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 STATE OF FLORIDA: 1 Estate Management Solution 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.} Mississippi 3. 01-0916746
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 10 - 2- 2008 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
_{6.} July 6, 2009
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 3
Hattiesburg MS 39401
(Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 23. 75. 74. 75. 75. 75. 75. 75. 75. 75. 75. 75. 75
9. The name and usual business addresses of the managing members or managers are as follows:
William Smith & Dwayne Fairley
106 Wisteria Drive
Hattiesburg MS 39401
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 ranslation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: General Sales and
all other lawful activities allowed in the state of Florida
Will Smith
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.) William F. Smith

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	e of the Limited Liability Company is:	
Estate Ma	lanagement Solution LLC.	
If name unave	vailable, the alternate name to be used in the state of Florida is:	
2. The name	e and the Florida street address of the registered agent and office are:	
	Tracy Anderson	
	(Name)	
	1765 East 9 mile rd. suite 1-344	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Pensacola FI 3 3 5 1 4 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 horeby 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)

NAMAY -6 AMII: 23

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

ESTATE MANAGEMENT SOLUTION, LLC

Formed October 2, 2008

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

106 WISTERIA DRIVE HATTIESBURG MS 39401

and that the registered agent at that address is:

SMITH, KATHERINE

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

SE OFFICIAL SE

Given under my hand and seal of office April 11, 2009

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 11042824-1 Page 1 of 1 Reference: Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp