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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer		
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DEPARTHENT OF STATE
OFFICER OF CORPORATION

#### **COVER LETTER**

	on of Corporations	
SUBJECT:	ENERGY SERVICES SOUTH, LLC	
	Name of Limited Liability Company	
The enclosed "A Existence, and	Application by Foreign Limited Liability Company for Authorization to Transact Business in Floric check are submitted to register the above referenced foreign limited liability company to transact bu	la," Certificate of usiness in Florida
Please return al	l correspondence concerning this matter to the following:	
	S. Elysha Luken	
	Name of Person	
	Smith, Currie & Hancock LLP	_
	Firm/Company	_ ,
	1004 DeSoto Park Drive	
	Address	
	Tallahassee, FL 32301  City/State and Zip Code	
	City/State and Zip Code	
	seluken@smithcurrie.com	
	E-mail address: (to be used for future annual report notification)	
For further info	rmation concerning this matter, please call:	
	Elysha Luken at ( 850 ) 878-3700  Name of Person Area Code & Daytime Telephone Number	
Divisio Regist P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a	a check for the following amount:	
\$12	5.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& Certificate of Status \$\bigcup \\$155.00 Filing Fee \& \bigcup \\$160.00 Filing Fee \& Certified Copy of Status \& Certified Copy	

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

	APLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TO LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1.	ENERGY SERVICES SOUTH, LLC  Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(	Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
/XC	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", "L.L.C," "LLC.")	
2	Mississippi diction under the law of which foreign limited liability  3. 26-4268332 (FEI number, if applicable)	
(Juris comp	diction under the law of which foreign limited liability (FEI number, if applicable)	:
1	02/25/2009 5. Perpetual (Duration: Year limited liability company will cease 1)	
¬	(Date of Organization)  5. Perpetual (Duration: Year limited liability company will rease exist or "perpetual")	
_	SAL 2	
6	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
	7 - 0	
7	104 FIRST CHOTCE DES	
	(Street Address of Principal Office)	
	(Street Address of Principal Office)	
8. If li	mited liability company is a manager-managed company, check here	
	name and usual business addresses of the managing members or managers are as follows:	
	* *	_
1	ARCHAY D. RAPIER 104 FERST CHEFCE DR. MADISON M	<i>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ </i>
•	39.	1/ 0
10. Atta	ched is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in	
	liction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	
translabo	on of the certificate under oath of the translator must be submitted.)	
11. Na	nature of business or purposes to be conducted or promoted in Florida: Contracting	
	Bareley D. Korde	
	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.)	
	Typed or printed name of signee	
	Typed of british usine 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:	· · · ·	
ENERGY SERVICES SOUTH, LLC		
If unavailable, the alternate to be used in the state of Florida is:		
	75 g	الإين يشيئ الاي شع
2. The name and the Florida street address of the registered agent and office are:	LAHAS	7
S. ELYSHA LUKEN, SMITH, CURRIE & HANCOCK LLP (Name)	RY OF S	E
1004 DESOTO PARK DRIVE Florida Street Address (P.O. Box NOT ACCEPTABLE)	ORIDA _	-
TALLAHASSEFIFL 32301		

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 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:

ENERGY SERVICES SOUTH LLC

Formed February 25, 2009

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:

1437 OLD SQUARE ROAD, SUITE 202 JACKSON MS 39211

and that the registered agent at that address is:

MURPHY, JOHN R, III

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.

Given under my hand and seal of office July 9, 2009

C. Delbert Hosemann, Jr. Secretary of State

Dellet Hosemann, dr.

Certification Number: 11275356-4 Page 1 of 1 Reference: Barclay D. Rader - NHM Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp