Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MP & RC ASSOCIATES INC

Account Number : I20040000165 Phone

: (561)395~3446

Fax Number

: (561)395-5446

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA/FOREIGN LIMITED LIABILITY CO. Underground Utility Solutions, LLC

Certificate of Status	. 1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

Electronic Filing Menu

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COVER LETTER

			VERLETTER	
TO:	Registration Section			
	Division of Corporation	ins ·		
SUBJE	CCT:	Underground U	tility Solutions, Li	LC
000			imited Liability Company	
				to Transact Business in Florida," Certificate of iability company to transact business in Florida
Please	return all correspondenc	e concerning this matter to	the following:	
			bert E. Cornell	
			Name of Person	
		MP&F	RC Associates, Inc.	
	-		Firm/Company	185
		<u>646</u> .	Juneberry Court	
			Address	
		Boca Ra	aton, Florida 33486	
			State and Zip Code	
		mp ro 000	soc@worldnet.att.ne	*
		E-mail address: (to be us	ed for future annual repor	t notification)
For fur	ther information concern	ang this matter, please call:		
	Robe	rt E. Cornell	at (561) rea Code & Daytime Tele	395-3446
	Nam	c of Person A	rea Code & Daytime Tele	phone Number
	MAILING ADDRESS Division of Corporatio Registration Section P.O. Box 6327 Talluhassee, FL 32314	ns Divis Regis Clifts 2661	EET ADDRESS: sion of Corporations stration Section on Building Executive Center Circle hassee, FL 32301	
Encio	sed is a check for the	following amount:		
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		

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COMPANY FOR AUTHORIZATION TO

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Underground	d Utility	y Solutions, LLC "T.limited Flability Company," "L.L.C.," or "E.C.		
		UUS, Li		,	
cor	name unavailable, enter alternate name adopted for the usent of the managers or managing members adopting impany," "L.L.C." "[A.C.")	purpose	of transacting business in Florida and attach a copy	of the Hiabil	written ity
2.	State of Georgia (Jurisdiction under the law of which foreign limited lia	3.	20-2492105		
((furisdiction under the law of which foreign limited lia company is organized)	bility			
4.	03/15/2005	5.	2055 (Duration: Year limited liability company will ce		_
	(Date of Organization)		(Duration: Year limited liability company will ce exist or "perpetual")		₹,,
,] 60	250
6.	(Date first transacted busines	s in Flori	da, if prior to registration.)		黑飛
	(See sections 608.501 & 608.5	02 F.S. to	determine penalty liability)		유전투
7.	7 2750 Northlake Road, Gainesville, GA 30506				
				至	- 3 4 0
	(Street A	ddress of	Principal Office)	AMID: IL	35°
			·	ئىــ مىر	
8.	If limited liability company is a manager-ma	naged co	ompany, check here		
9.	The name and usual business addresses of the	e manag	ing members or managers are as follows:		
	Amy C. Doty-Skillern 2750 Northlake Ro	oad, Ga	inesville, GA 30506		
	Kevin L. Pope 665 SE Southwood Trail,	Stuart,	FL 34997		
		, · · · · · · · · · · · · · · · · · · ·		~~~~	
the	Attached is an original certificate of existence, no more the jurisdiction under the law of which it is organized. (A plantation of the certificate under outh of the translator must	юксору і	s not acceptable. If the certificate is in a foreign langua		ni shuc
11	. Nature of business or purposes to be conduc	sted or p	promoted in Florida: Horlzontal direction	nal	
			ion of underground utilities.		
			to-Chillen		
	(In accordance with section 608,4)	08(3), F.S.	orized representative of a member. the execution of this document constitutes that the facts stated herein are true (,	
			oty-Skillern		
	Typed or p	rinted n	ame of signee)
			(H++ 966+ 252	53	1/ 3)

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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:					
Underground Utility Solutions, LLC					
ernate to be used in the state of Florida is:					
UUS, LLC					
Florida street address of the registered agent and office are:					
Kevin L. Pope					
(Name)					
655 SE Southwood Trail					
Florida Street Address (P.O. Box NOT ACCEPTABLE)					
Stuart, Florida 34997					
City/State/Zip					
registered agent and to accept service of process for the above stated limited e place designated in this certificate. I hereby accept the appointment as registered in this capacity. I further agree to comply with the provisions of all statutes and complete performance of my duties, and I am familian with and accept the ion 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)

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Control No.

STATE OF GEORGIA

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Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE **OF EXISTENCE**

1, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

UNDERGROUND UTILITY SOLUTIONS, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 03/15/2005 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Scoretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 2nd day of November, 2009

> Karen C Handel Sccretary of State

Haven Chandel

Certification Number: 4672627-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/seskb/verify.asp