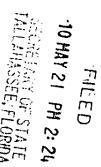
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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S. HAWKES MAY 2 1 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division	n of Corporations
SUBJECT:	NeoVerde, LLC
	Name of Limited Liability Company
The enclosed "Ap Existence, and ch	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of neck are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all o	correspondence concerning this matter to the following:
	Theresa J. Searles
	Name of Person
	Theresa J. Searles, P.C.
	Firm/Company
	7231 Marquette Street
·	Address
•	Dallas, Texas 75225
•	City/State and Zip Code
_	bc@neoverde.net
,	E-mail address: (to be used for future annual report notification)
For further inform	mation concerning this matter, please call:
	Theresa J. Searles <u>at (214) 361-4543</u>
	Name of Person Area Code & Daytime Telephone Number
Division Registra P.O. Bo	ssee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32301
Enclosed is a c	check for the following amount:
\$125.	.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate Copy of Status & Certified Copy

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

	COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR ITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	EKGN
	. A Company of the co	4
	NeoVerde, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C" or "L.C.") name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the window.	27.60
con:	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wasent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability npany," "L.L.C." "LLC.")	ritien Co
2.	Texas 3. 80-0481384	`
(J	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized)	
4.	September 18, 2009 5. perpetual	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	n/a	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. :	8750 North Central Expressway, Suite 510	
_	Dallas, Texas 75231 (Street Address of Principal Office)	
8.	If limited liability company is a manager-managed company, check here 📝	
9. ′	The name and usual business addresses of the managing members or managers are as follows:	
	Bryan H. Corrigan, 8750 North Central Expressway, Suite 510, Dallas, Texas 75231	
	William P. Huckin, 8750 North Central Expressway, Suite 510, Dallas, Texas 75231	
	William W. Kerr, 325 Fifth Avenue, Suite 204, Indialantic, Florida 32903	
the j	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recon turisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under outh of the translator must be submitted.)	dsin
П.	Nature of business or purposes to be conducted or promoted in Florida: wetland mitigation	
_		
	MAL (ILA)	
	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 figers stated herein are true (
	Winism P Ankin	
	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.

TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA. 1. The name of the Limited Liability Company is: NeoVerde, LLC
1. The name of the Limited Liability Company is:
NeoVerde, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
William W. Kerr
(Name)
325 Fifth Avenue, Suite 204
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Indialantic, Florida 32903
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 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 portion as registered agent as provided for in Chapter 608, Florida Statutes.

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

(Signature)

Addendum to

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

9. Additional managers are as follows:

Snowcap-Titusville Mint, LLC, 8117 Preston Road, Suite 610, Dallas, Texas 75225

The State of Texas

Corporations Section P.O. Box 13697 Austin, Texas 78711-3697



Phone: 512-463-5555 Fax: 512-463-5709 Dial 7-1-1 For Relay Services WWW.sos.state.tx.us

Re: Original Documents

Dear Sir or Madam:

The attached certificate is an original certificate issued by the Secretary of State.

Original certificates issued by the Secretary of State are electronically generated. Consequently, such original certificates are in black and white without gold or raised seals, and they bear the electronic signature of the named Secretary of State.

If you have any questions regarding this matter, please call me at 512-463-5578.

Very Truly Yours,

Certifying Team

Office of the Texas Secretary of State

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Hope Andrade Secretary of State

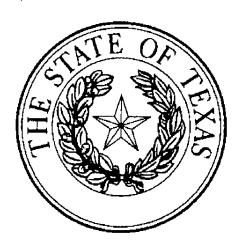
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for NEOVERDE, LLC (file number 801172288), a Domestic Limited Liability Company (LLC), was filed in this office on September 18, 2009.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 12, 2010.



Hope Andrade Secretary of State