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EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: TRUE	E NORTH EME	RGENCY MANAGEMEN	NT, LLC
		ne of Limited Liability Company	
The enclosed "Application by Existence, and check are subm	Foreign Limited Liab nitted to register the ab	ility Company for Authorization to Tra love referenced foreign limited liability	ansact Business in Florida," Certificate of y company to transact business in Florida
Please return all corresponder	nce concerning this ma	tter to the following:	
		Slade F. Exley	
		Name of Person	
	Neel Schaf	fer, Engineers and Planners,	Inc.
		Firm/Company	
125 S. Congress Street, Suite 1100			
		Address	—————————————————————————————————————
		Jackson, MS 39201	CLAH FECRE 0 00
		City/State and Zip Code	ASSE -
	slade	.exley@neel-schaffer.com	me ≥ m
	E-mail address: (to	be used for future annual report notif	ication)
For further information conce	rning this matter, pleas	e call:	IN 13 TATE ORIDA
*** · · · · · · · · · · · · · · · · · ·	ade F. Exley	at (601)	948-3071
Na	me of Person	Area Code & Daytime Telephone	Number
MAILING ADDRE		STREET ADDRESS:	
Division of Corporat Registration Section	ions	Division of Corporations Registration Section	,
P.O. Box 6327		Clifton Building	
Tallahassee, FL 3231	4	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the	ne following amour	nt:	
\$125.00 Filing Fee	e \$130.00 Filing Certificate of		\$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1.	True North Emergency Management, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
CO	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written nsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
2.	Texas 3. 27-3353823
Ī	I exas 3.
4.	8/16/10 5. perpetual (Date of Organization) 5. Unration: Year limited liability company will cease to
	(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.	512 Main Street, Suite 415
	Fort Worth, TX 76102
	(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:
	Nelson Lucius 512 Main Street, Suite 415, Fort Worth, TX 76102
	Slade Exley 125 S. Congress Street, Suite 1100, Jackson, MS 39201
	Clark Robinson 125 S. Congress Street, Suite 1100, Jackson, MS 39201
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a islation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: Emergency management
	and debris clean-up monitoring services
	Ship F
	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.)
	Slade F. Exley

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.

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



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 TRUE NORTH EMERGENCY MANAGEMENT, LLC (file number 801306823), a Domestic Limited Liability Company (LLC), was filed in this office on August 16, 2010.

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 August 18, 2010.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Hope Andrade Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services
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