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Certified Copies	Certificates	of Status
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Office Use Only



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SECRETARY OF STATE

D. BRUCE

JUL 11 2011

EXAMINER



June 20, 2011

THOMAS ROWE ONE SOUTH SECOND STREET POTTSVILLE, PA 17901

SUBJECT: ESSENTIAL MANAGEMENT SOLUTIONS, LLC

Ref. Number: W11000033091

We have received your document for ESSENTIAL MANAGEMENT SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 611A00014896

COVER LETTER

	Registration Section Division of Corporations					
SUBJECT: Essential Management Solutions, LLC (Name of Limited Liability Company)						
Florida,	losed "Application by Foreign Limited Li	ability Company for Authorization to Tranubmitted to register the above referenced				
Please re	eturn all correspondence concerning this r	matter to the following:				
	Thomas Rowe					
	(Na	ame of Person)	TALL			
	Essential Management Solutions	s, LLC	RETA AHAS	JUL -	I j	
	(Fi	rm/Company)	SEE.	CO 	;	
	One South Second Street	<u> </u>	FLORII	1: ED	こ	
		(Address)	Di⊓ ≯			
	Pottsville, PA 17901					
	(City/S	tate and Zip Code)				
For furth	ner information concerning this matter, ple	ease call:				
Jo	oe Kanfer	at (814) 314-9351				
	(Name of Person)	(Area Code & Daytime Telephone N	Jumber	r)		
	MAILING ADDRESS:	STREET ADDRESS:				
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building					
	Callahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	I is a check for the following amount: \$\frac{1}{1}\$125.00 Filing Fee \tag{2.5}\$130.00 Filing Fee & Certificate o		Fee, Ce			

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. Essential Management Solutions, 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. Pennsylvania 3. 20-3064506 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. June 8, 2005 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. One South Second Street
Pottsville, PA 17901
(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:
John Mercuri, Thomas Rowe, & Robert Green
One South Second Street
Pottsville, PA 17901
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 translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Consulting and other
services
Thomas O. Roul
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.)
Thomas Rowe

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 of the Limited Liability	Company is:
Essential Management Solu	utions, LLC
If name unavailable, the alternate nam	ne to be used in the state of Florida is:
2. The name and the Florida street ad	dress of the registered agent and office are:
Northwest Regi	stered Agent LLC (Name) ACCAPAGA AND
	et Address (P.O. Box NOT ACCEPTABLE)
Tampa	FL 33607
	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 position as registered agent as provided for in Chapter 608, Florida Statutes.

Dan Keen-Manager
(Signature)

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

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

MAY 24, 2011

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ESSENTIAL MANAGEMENT SOLUTIONS, LLC.

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Certificate of Good Standing shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 9561873-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp