M1100000 3702

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Å. LUNT |
| AUG -3 2011 |
| EXAMINER |
| |

Office Use Only



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08/01/11--01050--002 **125.00



July 28, 2011

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: RSI Industrial, LLC

Dear Filing Officer:

Please file the attached Application for Authority for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Joy Sontoleder ' Client Specialist

Encl.

COVER LETTER

TO:

| то: | Registration Section Division of Corporations | | | | | |
|--------------------|--|---|---|-------------------|--------------------------|--|
| SUBJE | rt: RS | Industrial, LLC | | | | |
| 50202 | = | e of Limited Liability Company | | | | |
| The end Existen | losed "Application by Foreign Limited Liab ce, and check are submitted to register the ab | lity Company for Authorization to Transac ove referenced foreign limited liability con | et Business in Florida npany to transact bus | ," Cen iness i | tificate of n Florida | |
| Please r | eturn all correspondence concerning this ma | tter to the following: | | | | |
| | | Joy Schroeder | | | | |
| | | Name of Person | | | | |
| | NRA | I Corporate Services, LLC | | | | |
| | | Firm/Company | | | | |
| | 16055 S | pace Center Blvd., Suite 235 | SEO; IALLA | 2011 AUG | | |
| | | Address | ETAR | - 90 - 1 | FILED | |
| | | Houston, TX 77062 | | | | |
| | | City/State and Zip Code | F'STAT FLORI | み 語 | D | |
| | | rilson@wilsonprice.com | Ci∱(| N) | | |
| | E-mail address: (t | o be used for future annual report notificati | ion) | | | |
| For furt | her information concerning this matter, please | se call: | | | | |
| | Joy Schroeder | at (800) | 862-5438 | | | |
| | Name of Person | Area Code & Daytime Telephone Nu | | - | | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |
| Enclos | sed is a check for the following amou | nt: | | | | |
| | \$125.00 Filing Fee \$130.00 Filing Certificate o | | \$160.00 Filing Fee, of Status & Cert | | | |

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. | (Name of Foreign Limited Liability Company; must include | trial, LLC le "Limited Liability Company," "L.L.C.," or "LLC.") | |
|-----|--|--|---------|
| cot | name unavailable, enter alternate name adopted for the purpose isent of the managers or managing members adopting the alternampany," "L.L.C," "LLC.") | | |
| 2. | Alabama 3 | 45-1960261 | |
| (| Alabama 3. Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) | |
| 4. | 04/13/2011 5. | Perpetual (Duration: Year limited liability company will cease to | |
| | (Date of Organization) | (Duration: Year limited liability company will cease to exist or "perpetual") | |
| 6. | (Date first transacted business in Flori | ride if prior to registration | |
| | (See sections 608.501 & 608.502 F.S. to | to determine penalty liability) | |
| 7 | 853 County Road 1107, Goshen, AL 36035 | 2011 SEC TALL | |
| /٠ | coo county from from content, the cooce | 1.67 | 71 |
| | | ا حری | |
| | (Street Address of | of Principal Office) | |
| 8. | If limited liability company is a manager-managed c | company, check here | T |
| 9, | The name and usual business addresses of the management | iging members or managers are as pollows | |
| | Raymond L. Hollis, Jr., 853 County Road 1107 | 7, Goshen, AL 36035 | _ |
| | | | |
| | | | - |
| the | . Attached is an original certificate of existence, no more than 90 da e jurisdiction under the law of which it is organized. (A photocopy inslation of the certificate under oath of the translator must be submi | vis not acceptable. If the certificate is in a foreign language, a | ords in |
| 11 | . Nature of business or purposes to be conducted or | promoted in Florida: | - |
| | Plant maintenance and | technology services | |
| | | thorized representative of a member. S., the execution of this document constitutes ary that the facts stated herein are true.) | |
| | Raymond L. Hollis, | Jr., Managing Member | |

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 Com | pany is: | | | |
|---|-----------------------|---------------------|--------------------------------------|-------------|
| RSI | Industrial, LLC | | | _ |
| If unavailable, the alternate to be used in the | ne state of Florida i | s: | | |
| | | | | |
| 2. The name and the Florida street address | s of the registered a | igent and office ar | e: | |
| NRAI Services, Inc. | | | 7 _{4.5} | |
| | 2011 AUG SECRETA | Щ | | |
| 515 East Park Avenue | S(R) | = | | |
| rionda Street Ac | idress (P.O. Box NO | (ACCEPTABLE) | S AU | m |
| Tallahassee | FL City/State/Zip | 32301 | PH 28 28 COF STATE EE. FLORIDA | |
| | 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. NRAI Services, Inc.

Joy Schroeder, Asst. Secretary

By:

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Beth Chapman Secretary of State

P. O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that RSI Industrial, LLC was formed in Pike County, Alabama on April 13, 2011. The Alabama Entity Identification number for this entity is 009-117. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20110728000003165

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

7/28/2011

Date

Beth Chapman

Beth Chapman

Secretary of State