M1200006966

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	copies Certificates of Status			
Special Instructions to Filing Officer:				
		,		

Office Use Only



200242170262

NOT IN TO NOTE

SUFFICIENCY OF FILLING

SUFFICIENCY OF FILLING

SUFFICIENCY OF FILLING

NOTE IN TO NOTE IN THE INTERPRETATION

NOTE IN THE INTE

RECEIVED

DEPARTHENT OF STATE

VISION OF CORPORATION

T. CLINE

DEC 14 2012

EXAMINEN

2012 DEC | 3 | AM 9= 82 Segretary of states

FED



ACCOUNT NO. : I2000000195

REFERENCE : 456676 7374051

AUTHORIZATION :

COST LIMIT : \$ 125

ORDER DATE: December 12, 2012

ORDER TIME : 9:41 AM

ORDER NO. : 456676-005

CUSTOMER NO: 7374051

FOREIGN FILINGS

NAME: H2 SOLUTIONS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER:

COVER LETTER

Registration Section
Division of Corporations

TO:

•	N:	ame of Limited Liability Company	
The enclosed Existence, and	"Application by Foreign Limited Liz d check are submitted to register the	Name of Person E Law Offices of Paul R. Tyndall Firm/Company Address Imington, NC 28409 City/State and Zip Code yndall@gmail.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: Indail at (910) 232-1733 Name of Person Area Code & Daytime Telephone Number ADDRESS: STREET ADDRESS: Corporations Division of Corporations Section To Clifton Building FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Eck for the following amount:	
Please return	all correspondence concerning this n	natter to the following:	
	Paul R. Tyndall, Esquire		•
÷		Name of Person	
	The Law Offices of Paul R.	Tyndall	
		Firm/Company	
	609A Piner Road, Suite 327	7	
		Address	
	Wilmington, NC 28409	-	
		City/State and Zip Code	
	prtyndall@gmail.com		
	E-mail address:	(to be used for future annual report notification)	
For further int	formation concerning this matter, ple	ase call:	201 7AL
Paul	R. Tyndall	232-1733	CEE LAF
	Name of Person	Area Code & Daytime Telephone Number	
Divis Regis P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 hassee, FL 32314	Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle	AN 9.
	a check for the following amo .00 Filing Fee \$130.00 Filing F Certificate of St	Fee & \$155.00 Filing Fee & \$\infty\$\$\infty\$\$160.00 Filing Fee, Cer	

I COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGIS NATED LINE II INCOMENIUTO TRANSACI DE NIMESS INITATE STATE OF FLORIDA.	TER A F	ORE
MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
H2 Solutions, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LL	C ")	_
(Name of Fineign Commen Ensormy Company, mest alciduce Thomas Ensormy Company, Cal.C., of Ele-	.C. y	
		_
f name unavailable, enter alternate name adopted for the purpose of transacting husiness in Florida and attach a co insent of the managers or managing members adopting the alternate name. The alternate name must include "Limi		
ompany." "L.L.C." "LLC.")	iteu Ligoj	nic
		•
North Carolina 3. 80 - 08 38 3.75 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)		_
company is organized)		
July 19, 2012 5 perpetual		
(Date of Organization) (Duration: Year limited liability company will	cease to	_
exist or "perpetual")		
n/a		
(Date first transacted business in Florida, if prior to registration.)		-
(See sections 608.501 & 608.502 F.S. to determine penalty liability)		
4000 Oleander Drive, Suite 2B		_
100 A 100 A 100 A		
Wilmington, NC 28403 (Street Address of Principal Office)	رن حد -	-2
(Street Address of Frincipal Office)		7
. If limited liability company is a manager-managed company, check here		ZULZ DEC
. The name and usual business addresses of the managing members or managers are as follows	1 KK - K	C
Rocco Wadsworth, Nelson Reynolds, Margarita Marie Cedillo and Adolfo Cedillo	m Q	3
Rocco Wadsworth, Nelson Reynolds, Marganta Marie Centro and Adolfo Centro	- 71 -6-	
the business address for each of the above persons is 4000 Oleander Drive, Suite 2B		ć
	- 2111	_ (%
Wilmington, NC 28403	420	
		_
 Attached is an original contificate of existence, no more than 90 days old, duly authenticated by the official having cus 		cord
rejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lar	ignsäc's	
anslation of the cartificate under eath of the translator must be submitted.)		
	ral	
1. Nature of business or purposes to be conducted or promoted in Florida: to provide agricultu		
 Nature of business or purposes to be conducted or promoted in Florida: to provide agricultu- and non-agricultural staffing services to clients under the U.S. H-2A and H-2B visa programs 	S	
	5	_,
and non-agricultural staffing services to clients under the U.S. H-2A and H-2B visa programs	S	_,
		_,

Rocco Wadsworth

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.

H2 Solution	e of the Limited Liabi ns, LLC	my Company i			
			o of Florido in		
ii unavaiiaoi	le, the alternate to be	used in the stat	e of Fiorida is:	•	,
	·	, , , , , , , , , , , , , , , , , , ,	:		
A 701	tat ret (1	. 11 . 54		. CC	
2. The name	e and the Florida stree	t address of the	e registered agent and	office are:	. 2
				<u> </u>	5 5
	Corporation Servi	ce Company	·	A	
		. ((Name)	2 ,5	012 DEC 13
		•		<u> </u>	၃ ယ ∶
	1201 Hays Street			in C	P 3
•	Florid	a Street Address (P.O. Box NOT ACCEPTAB	ILE)	, 1
				70.7 ===================================	> 47 ≅ 460
	Tallahassee		FI 32301		
•	· · · · · · · · · · · · · · · · · · ·	(City/State/Zip		
			.*		
liability com	pany at the place design	gnated in this ce	ertificate, I hereby acce	for the above stated limite opt the appointment as reg e provisions of all statutes	ristered
				familiar with and accept to	
		tered agent as p		608, Florida Statutes.	·
	By:			Harry B. D)avis
	,	(Signature)	· · · · · ·	Asst. Vice Pr	
		\$ 100.00 Fil	ling Fee for Application	O n	
		\$ 25.00 De	esignation of Register		
		\$ 30.00 Ce	ertified Copy (optiona	·I)	

Certificate of Status (optional)



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

H2 SOLUTIONS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 19th day of July, 2012, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of December, 2012.

Elaire I. Marshall

Secretary of State