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NTS MIKEDON, LLC

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#### COVER LETTER

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	stration Section ion of Corporations		
SUBJECT:	NTS Mikedon, LLC		
	<u> </u>	lame of Limited Liability Company	
		iability Company for Authorization to Transact Business in Flo above referenced foreign limited liability company to transact	
Please return a	all correspondence concerning this	matter to the following:	2013 MAR SECRET
	Capitol Services Corpo		
		Name of Person	-w ARY SSE
	Capitol Services, Inc.	71. (0	
	900 Broros Cuito 400	Firm/Company	STATE
	800 Brazos, Suite 400	Address	
		Vinicos	
	Austin, TX 78701		
		City/State and Zip Code	
ronchilton@ntsafety.com  E-mail address: (to be used for future annual report notification)		IMPORTANT: The email address entered here will be	
For further inf	ormation concerning this matter, pl		utilized for future « ANNUAL REPORT NOTIFICATIONS!!
		at ( 800 ) 345-4647	
	Name of Person	Area Code & Daytime Telephone Number	<del></del>
Divis Regis P.O. 1	LING ADDRESS: ion of Corporations tration Section Box 6327 nassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	a check for the following amo 00 Filing Fee \$\int\\$130.00 Filing Certificate of \$	Fee & [7]\$155.00 Filing Fee & [7]\$160.00 Filing Fee, Cer	

### 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: I. NTS Mikedon, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") N/A (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. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) 5. perpetual 05/06/2004 (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") 6. 01/01/2013 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 260 N. Sam Houston Parkway East, Suite 200, Houston, Texas 77060 (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: Ronald W. Chilton; 260 N. Sam Houston Parkway East, Suite 200, Houston, Texas 77060 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: is any or all lawful business for which limited liability companies may be organized under Delaware Law and authorized to transact under Florida Law 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Ronald W. Chilton

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.

NTS Mikedon, LLC  If unavailable, the alternate to be used in the state of Florida is:	· · · · · · · · · · · · · · · · · · ·
N/A 3	
2. The name and the Florida street address of the registered agent and office are:	2013 MAR SECRET TALLAHI
Capitol Corporate Services, Inc.	MAR -8 TARY AHASSI
(Name)	CD
155 Office Plaza Dr Ste A	F. (7) 🌉
155 Office Plaza Dr Ste A  Florida Street Address (P.O. Box NOT ACCEPTABLE)	STATE -

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.

> Gayle Windle, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

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

## Delaware

DACE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NTS MIKEDON, LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING
AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE
SHOW, AS OF THE SEVENTH DAY OF MARCH, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NTS MIKEDON, LLC" WAS FORMED ON THE SIXTH DAY OF MAY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3800038 8300

130288316

AUTHENTY CATION: 0266457

DATE: 03-07-13

You may verify this certificate online at corp.delawaro.gov/authver.shtml