# M15000001475

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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02/25/15--01001--019 \*\*160.00

DEPARTMENT OF STATE
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

T. Burch FEB 2 5 2015

## · SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 LAKESHORE DRIVE TALLAHASSEE, FLORIDA 32312 (850) 656-4724 TOLL FREE: 844-541-6792

#### **COVER LETTER**

WALK IN
ENTITY NAME: ENVIRONMENTAL MANAGEMENT PARTNERS, LL C
CK #
AMOUNT: \$160,00
PLEASE FILE THE ATTACHED AND RETURN:
PLAIN COPY
CERTIFIED COPY X CERTIFICATE OF STATUS
PLEASE CONTACT TINA AT 850-508-1891 FOR FURTHER INFORMATION ON THIS MATTER.
THANK YOU!
TINA COFE PRESIDENT

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Environmental Management Partners, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.C.," or "LLC.	<del>.")</del>	•	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name mu Liability Company," "L.L.C," or "L.L.C.")	ıst include "Lim	nited	
<sub>2.</sub> Wyoming <sub>3.</sub>			
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		•	
4. Upon Filing		•	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		15	
<sub>5.</sub> 1995 South Fall Creek Rd.		933	940
Wilson, WY 83014	15.5	1215	Medical Careers
(Street Address of Principal Office)		H	i i
6. 1995 South Fail Creek Rd.	0.1. 71.S	F-	Ţ
Wilson, WY 83014	20. 7.0.	<u>3</u> 0	die am
(Mailing Address)		-	
7. The name, title or capacity and address of the person(s) who has/have authority to manage James Hodge, Member PO Box 1341, Wilson, WY 83		- -	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticate having custody of records in the jurisdiction under the law of which it is organized. (A photo acceptable. If the certificate is in a foreign language, a translation of the certificate under oath must be submitted)  Signature of an authorized person  (In accordance with section 605,0208, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the	copy is not n of the trans	slator	us. 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	n s.817.155, F.S.)	)	-· <del>-</del>
Typed or printed name of signee			

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	Limited Liability Connected Manage	mpany is: ment Partners, LLC	
If unavailable, the	lternate to be used in	the state of Florida is:	
2. The name and the	e Florida street addre	ss of the registered agent and office are;	TAC:
U	nited Corpor	ate Services, Inc.	15 FI
	······································	(Name)	FEB 24 CAHASS
9	200 South D	adeland Blvd Suite 508	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
M	ami	FL 33156	L: 05

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 605, Florida Statutes.

United Corporate Services, Inc.:

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WY MING do hereby certify that according to the records of this office,

#### Environmental Management Partners, LLC

is a

#### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on May 23, 2008, comply with alapplicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2008-000555350.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 24th day of February, 2015 at 1:13 PM. This certificate is assigned 017270020.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.