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FALLAHASSEE, FLORID

DEPARTMENT OF STATE

J. HARRIS

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJE				_
	Name	of Limited Liability Company	,	
	closed "Application by Foreign Limited Liabi nce, and check are submitted to register the ab			
Please	return all correspondence concerning this mat	ter to the following:		
	James Davis			
		Name of Person		-
	United CRS			
	Hart To Property and Landson, Marie	Firm/Company		_
	327 Hollow Cree	ek Ln		
		Address		-
	Havana, FL 323	33		
		City/State and Zip Code	,	_
	cc@unitedcrs.co	om		
	E-mail address:	(to be used for future annual re	port notification)	_
For furt	ther information concerning this matter, please	e call:		
	JAMES DAVIS	_{at (} 850	322-7117	
	Name of Contact Person	Area Code	Daytime Telephone Number	
	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 Cir Tallahassee, FL 32301	rcle	
Enclos	sed is a check for the following amour \$\begin{align*} \begin{align*} ali	Fee & 🔲 \$155.00 Filin		

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:

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate	até name must include "I imited
Liability Company," "L.L.C," or "LLC.")	ate name most meriode. Emined
_{2.} Virginia _{3.} 20-4212921	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if ap	oplicable)
4. Upon Registration	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	2915 SEU
929 Ventures Way Suite 107	
Chesapeake, VA 23320	20 ARY
(Street Address of Principal Office)	110
_{6.} 929 Ventures Way Suite 107	AH IO:
Chesapeake, VA 23320	हित य
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to	o manage is/are:
Derrick Carpinelli - MgR , 929 Ventures way	Suite 107
Jennifer Carpinelli-Mor Chesapeake, VA 233	120
· · · · · · · · · · · · · · · · · · ·	
8. Attached is an original certificate of existence, no more than 90 days old, duly autl	hantiantad by the official
having custody of records in the jurisdiction under the law of which it is organized. (•
acceptable. If the certificate is in a foreign language, a translation of the certificate unmust be submitted)	
Dangumi	
Signature of an authorized person	
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of peam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as pr	2 2

Derrick Carpinelli

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.

Essesntial Contractors, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

United CRS	TAU.	2015		
(Name)			APR	4 1 4 1 4 1
327 Hollow Creek Ln			20	,
Florida Str	—— 05 ST	O W	ا ۾ ڇ پيسين اميا بيڌ	
Havana	32333 FL	<u>224</u> Q7	 ယ	
	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.

(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 Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That ESSENTIAL CONTRACTORS, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is January 30, 2006; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: April 20, 2015

Joel H. Peck, Clerk of the Commission

CISECOM

Desument Central Number

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