

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H15000143393 3)))



H15000143393ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
Natural Energy Field Services, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

RECEIVED

15 JUN 12 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

MD 6/15

6/12/2015 9:12:10 AM From: To: 8506176381( 2/5" )

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Natural Energy Field Services, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Dianna Weber

Name of Person

Natural Energy Field Services, LLC

Firm/Company

99 Wind Haven Drive, Unit 1

Address

Nicholasville, Kentucky 40356

City/State and Zip Code

dweber@nees.us.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dianna Weber

Name of Contact Person

at ( 859 )

Area Code

967-7464

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 Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**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. Natural Energy Field Services, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

NEFS, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "L.C.")

2. Kentucky

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-2653598

(FBI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida. If prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 99 Wind Haven Drive, Unit 1

Nicholasville, Kentucky, 40356

(Street Address of Principal Office)

6. 99 Wind Haven Drive, Unit 1

Nicholasville, Kentucky 40356

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Christopher Shane Honn, CEO, 99 Wind Haven Drive, Unit 1, Nicholasville, Kentucky 40356

Thomas Dale Honn, COB, 99 Wind Haven Drive, Unit 1, Nicholasville, Kentucky 40356

Dionna Lyn Weber, Executive Administrator, 99 Wind Haven Drive, Unit 1, Nicholasville, Kentucky 40356

8. 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)



\_\_\_\_\_  
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 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.)

Thomas Dale Honn

\_\_\_\_\_  
Typed or printed name of signee

15 JUN 1 12:10 PM  
RECEIVED  
DEPT OF STATE  
TALLAHASSEE, FLORIDA

**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.

1. The name of the Limited Liability Company is:

Natural Energy Field Services, LLC

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

NEFS, LLC

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

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

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.*

By: C T Corporation System

(Signature)

Kristin Bolden  
Assistant Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

15 JUN 12 PM 12:10  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
MIAMI-DADE COUNTY, FLORIDA

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 164737  
Visit <https://app.sos.ky.gov/fishow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky,  
do hereby certify that according to the records in the Office of the Secretary of State,

**NATURAL ENERGY FIELD SERVICES, LLC**

is a limited liability company duly organized and existing under KRS Chapter 14A and  
KRS Chapter 275, whose date of organization is March 26, 2013 and whose period of  
duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been  
paid; that articles of dissolution have not been filed; and that the most recent annual  
report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal  
at Frankfort, Kentucky, this 11<sup>th</sup> day of June, 2015, in the 224<sup>th</sup> year of the  
Commonwealth.



*Alison Lundergan Grimes*  
Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
164737/0853506

15 JUN 12 PM 12:10  
OFFICE OF THE SECRETARY OF STATE  
ALISON LUNDERGAN GRIMES  
FLORIDA