M15000008297

(Requestor's Name)	_
(Address)	
, ,	
(Address)	
(City/State/Zip/Phone #)	
(20), (
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	
	}
•	}

ر. س<u>ۇ</u> س

Office Use Only



300278174333

10/19/15--01001--005 **160.00

SUPPLIES PH IS 17



OCT 19 2015 J SHIVERS



CT Corporation

515 East Park Avenue Tallahassee, FL 32301 850 558 1930 tel 855 637 1628 fax www.ctcorporation.com

October 16, 2015

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 9735981 SO

Customer Reference 1: 013398.417800

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

ERGS Development, LLC (DE) Registration Florida

ERGS Development, LLC (DE) Certificate of Status-Foreign Florida

ERGS Development, LLC (DE) Cert Copy of Application for Authority-Foreign Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	5						
SUBJECT:	ERGS DEVELOPM		lmited Liability Co			-		
The enclosed Existence, or	l "Application by Fore of check are submitted	ign Limited Liability Compi to register the above refere	uny for Authorizati seed foreign limite	on to Trur d liability	sact Business in Florida, company to transact busi	* Certificate of ness in Florida.		
Please return	all correspondence co	oncerning this matter to the f	òllowing:					
	Brian J. Sherr							
		Name of Person						
	Greenberg Traurig, P.A.							
	Firm/Company							
	401 East Las Olas Boulevard, Suite 2000							
			Address			-		
	Fort Lauderdale, Florida 33301							
	City/State and Zip Code							
		E-mail address: (to be used	for future annual r	report noti	fication)			
For further is	nformation concerning	this matter, please call:		•	·			
Bri	an J. Sherr		954 at (768-824	7			
 -	Name o	Contact Person	Area Code	Dayt	imo Telephono 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						
	a check for the follow \$125.00 Filing Fee	ing amount: \$\sumsymbol{\text{\text{\$\text{\$\text{130.00 Filing Fee & Certificate of Status}}}\$	S155.00 Filing Certified Copy	Fee &	■ \$160.00 Filing Fee, of Status & Certified Co			

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. UNITED LIABILITY COMPLINY TO TRANSACT RESIDENCE IN THE STATE OF FLORIDA:

, ERGS DEVELOPMEN		
(Name of Fore	an Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "	LLC.")
Liability Company," "L.L.C,"	emate name adopted for the purpose of transacting business in Florida. The alternate name or "LLC.")	e must include "Limited
2. Delaware	3. 47-5086993	
(Jurisdiction under the law of company is organized)	of which foreign limited liability (FEI 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. 6011 Connection Drive	•••	
Irving, TX 75039	THE A S.L P.W.L. A.L. O.M.A.	
6. 6011 Connection Drive	(Street Address of Principal Office)	
Irving, TX 75039		
	(Mailing Address)	
7. Name and street address	s of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) CT Corporation System	
Name:	1200 South Pine Island Road	
Office Address:		
	Plantation , Florida 33324 (City) (Zip code)	-
designated in this applica- to complywith the provision	isince: gistered agent and to accept service of process for the above stated limited liabilition, I hereby accept the appointment as registered agent and agree to act in this one of all statutes relative to the proper and complete performance of my duties, my position as registered agent. Michele Holden, (Registered agent's signature)	is capacitive I further agree, and I am familiacin lith an OCT
9. The name title or sens	acity and address of the person(s) who has/have authority to manage is/are:	
-	EO, L.L.C., Sole Member and Manager	
6011 Connection Drive		RESERVE
trying, TX 75039		——————————————————————————————————————
	of existence, no more than 90 days old, duly authenticated by the official having of which it is organized. (If the certificate is in a foreign language, a translation of ubmitted) Signature of an authorized person	
	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any the Department of State constitutes a third degree felony as provided for in s.817	
	Brian Nordahl	_
	Typed or printed name of signed	

-, -, -

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ERGS DEVELOPMENT, 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 TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2015.

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

15 OCT 16 AM 8: 48
SECRETARY OF STATE
TALLAHASSEF ELOBER

Jeffrey W. Bulloca, Secret

Authentication: 10147720

Date: 09-29-15

5814308 8300 SR# 20150301792

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