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July 31, 2019

ERIC SHOPHER 905 INDUSTRIAL PKWY WEST MONROE, LA 71291

SUBJECT: EMS ELECTRIC OF MONROE, LLC.

Ref. Number: W19000069384

We have received your document for EMS ELECTRIC OF MONROE, LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 619A00015683

RECEIVED
AUG 1 6 2019

## COVER LETTER

. .

TO:

Registration Section

Div	vision of Corporations					
SUBJECT:	EMS ELECTRIC OF	MONROE, L.L.C.				
		Name of Limi	ted Liability (	Company		
					et Business in Florida." Certificate on pany to transact business in Floric	
Please return	n all correspondence con	ecerning this matter to the follo	owing:			
	ERIC SHOPHER					
		Name	of Person			
	EMS ELECTRIC	OF MONROE, L.L.C.				
Firm/Company						
	905 INDUSTRIA	L PARKWAY				
		Ac	dress			
	WEST MONROE	E. LA 71291				
		City/State	and Zip Code			
	eric@emselectric.co					
		E-mail address: (to be used for	future annual	report notifica	tion)	
For further in	nformation concerning t	his matter, please call:				
ER	CIC SHOPHER	at	318 (	644-2776 _)		
	Name of C	Contact Person	Area Code	Daytime	Telephone Number	
Div Reg P.O	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			STREET AD Division of Co Registration S Clifton Buildi 2661 Executiv Tallahassee, F	orporations rection ng /e Center Circle	
	closed is a check for the ase make check payable	following amount: to: FLORIDA DEPARTME	NT OF STA	ГЕ		
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		Filing Fee & ed Copy	\$160.00 Filing Fee, Certification of Status & Certified Copy	ate

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

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

(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Compa	iny," "L L.C.," or "LLC.")		
f name unavailable, onter alternate t	mme adopted for the purpose of transacting business in Flo	rida. The alternate no	rne must include "Limited Liability	Company," "L.L.C	"," or "LLC
STATE OF LOUISIAN	hich foreign (muted fability company is organized)	20-87 3.	782753 (FEI oumber, if		
NONE TO DATE			(FEL number, if	spylicable)	
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) me pensity bability)		<del></del>	
905 INDUSTIRAL PA		_	BOX 1356		
(Street Address of	Principal Office)	J	(Mailing Address)		
WEST MONROE, LA	71291	wes1	MONROE, LA 71291		
			<del></del>		201
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accepta	ble)		119 AUG 1
Name:	REGISTERED AGENTS, INC.				16 PH
Office Address:	7901 4th STREET N, STE 300	<del>-</del>		***	կ։   3
	ST. PETERSBURG		33702 , Florida		
	(Cuy)		, r юниа		

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: \_\_CASEY ROBINSON **ERIC SHOPHER** Name: Manager Manager 905 INDUSTRIAL PARKWAY 905 INDUSTRIAL PARKWAY Member Address: Address: 205 II Member WEST MONROE, AL 71291 WEST MONROE, LA 71291 Authorized Authorized Person Person V/PRESIDENT PRESIDENT

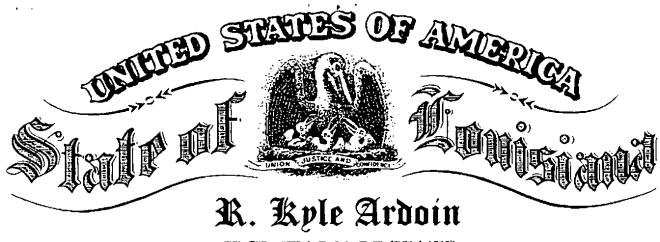
Other\_ Other Other\_\_\_\_ Manager Manager Name: ☐Member Address: Member | Address: \_\_\_\_\_ Authorized Authorized Person Person Other Other\_\_\_\_\_ Other Other Manager Name: \_\_\_\_\_ Manager Member Member Address: \_\_\_\_ Address: Authorized Authorized Person Person Other\_\_\_ Other\_\_\_ Other\_\_\_\_ Öther\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

ERIC SHOPHER

Typed or printed name of signee



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

## **EMS ELECTRIC OF MONROE, L.L.C.**

Domiciled at WEST MONROE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on April 02, 2007,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 15, 2019

TARY OF

Certificate ID: 11097470#VAR93

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Secretary of State
Web 36418306K