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ro:	Registration Section
**	– Division of Corporations

SHD IEZT.	RPS	Environmental L	LC.

Name of Limited Liability Company

etum an correspondence concerning	this matter to the following:	20	
Lisa Shults			26 PM
	Name of Person		# >6
Corporate D	irect, Inc.		P
,	Firm/Company	7.0	2: 09
2248 Meridi	an Blvd Ste H	## ## ## ## ## ## ## ## ## ## ## ## ##	60
	Address		_
Minden, NV	89423		
	City/State and Zip Code	- · · · ·	_
lshults@corn	oratedirect.com		
-	ldress: (to be used for future annua		_
er information concerning this matte	er, please call:		
Lisa Shults	, 775	, 284-7167	
Name of Contact F		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	
	g amount:		

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Coleign	ental LLC Tamited Liability Company, must include "Limit	ted Liability Company," "L.L.C.," or "L.L.C.,")	
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in FI	Torida. The alternate name must include "Limited Liability Company," "L.I. C," or "LLC	
Wyoming		3	
(Jurisdiction under the law of w	hich foreign lumied liability company is organized)	(HEI number, if applicable)	
10/26/202	0	(FEI number, if applicable)	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	io registration) PN mine penalty hability) CN	
172 Center Street, Ste 202		6. 172 Center Street, Ste 202	
(Street Address of	Principal (Hice)		
Jackson, V	VY 83001	Jackson, WY 830015	
			
Name and street address	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
		Registered Agents Inc.	
Name:	Registered Agent	ts Inc.	
	Registered Agent		
Name: Office Address:	7901 4th St N ST	TE 300	

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: Mark Nemeth Name: Stephanie S. Nemeth Manager Manager 172 Center Street, Ste 202 172 Center Street, Ste 202 **Member** Member Jackson, WY z83001 Jackson, WY 83001 Authorized Authorized Person Person Other_ Other_ Other Name: Dylan Nemeth Manager Manager Manager Name: 172 Center Street, Ste 202 Member Member Address: _ Jackson, WY 83001 Authorized Authorized Person Person Other Other Other____ Other_ Manager Name: _ Manager Manager Name: Member Address: Member Address: Authorized Authorized Person Person Other Other Other_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Signature of an authorized person Mark Nemeth, Member

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

RPS Environmental LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on October 9, 2020, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2020-000950798.

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 Cheyenge, Wyoming on this 12th day of October, 2020 at 11:50 AM. This certificate is assigned ID Number 039619533.

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 https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.