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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐

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(Business Entity Name)

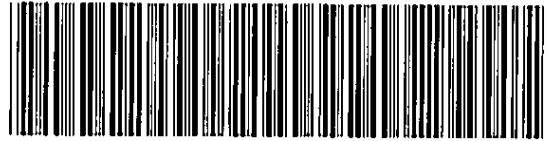
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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **February 25, 2022**

Account#: 120000000088

Name: **GREG PINTACUDA**

Reference #: **1605801**

Entity Name: **EMERGENCY RESPONSE AND TRAINING SOLUTIONS, LLC**

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

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Authorized Amount: **\$125**

Signature: 

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Emergency Response and Training Solutions, 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:

Cynthia McDaniel

Name of Person

Moore & Van Allen PLLC

Firm/Company

100 N Tryon Street, Suite 4700

Address

Charlotte NC 28202

City, State and Zip Code

sreid@hepaco.com

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

For further information concerning this matter, please call:

Cynthia McDaniel

704

331-1000

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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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 LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Emergency Response and Training Solutions, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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 "LLC.")

2. Delaware 3. 01-0623458
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration; see sections 605.0004 & 605.0005, F.S., to determine penalty liability)

5. 11231 Phillips Industrial Blvd. E, Bldg. 1, Suite 300 6. 11231 Phillips Industrial Blvd. E, Bldg. 1, Suite 300
(Street Address of Principal Office) (Mailing Address)

Jacksonville, Florida 32256

Jacksonville, Florida 32256

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Cogency Global Inc.

Office Address: 115 North Calhoun St., Suite 4

Tallahassee 32301
(City) , Florida (Zip code)

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.

Cogency Global Inc.

By: Laren McKeown

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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:**

☐ Manager Name: Hepaco, LLC

☒ Member Address: P.O. Box 26308

☐ Authorized Charlotte, NC 28221-6308

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: R. David Andrews

☐ Member Address: One Maritime Plaza, Suite 2300

☐ Authorized San Francisco CA 94111

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Alex Earls

☐ Member Address: 8 Garden Road

☐ Authorized Ross CA 94960

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Robert Schreck

☐ Member Address: P.O. Box 26308

☒ Authorized Charlotte, NC 28221-6308

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Phil Petrocelli

☐ Member Address: 61 South Peak

☐ Authorized Laguna Niguel CA 92677

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Tim Bradley

☐ Member Address: 2255 Washington Street

☐ Authorized San Francisco, CA 94115


Person _____

☐ Other _____ ☐ Other _____

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.



Signature of an authorized person

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EMERGENCY RESPONSE AND TRAINING SOLUTIONS, 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-FIFTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EMERGENCY RESPONSE AND TRAINING SOLUTIONS, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2021.

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

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Jeffrey W. Bullock, Secretary of State

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