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## COVER LETTER

		ation Section n of Corporations						
SUBJEC		S Environmental Resource Solutions LL						
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name	of Limited Liability Company					
			Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.					
Please re	eturn all	correspondence concerning this matter to	o the following:					
		Michael J. Bock						
			Name of Person					
		SES Group of Companies LLC						
			Firm/Company					
		1006 Floyd Culler Court						
		·	Address					
		Oak Ridge, TN 37830						
		City/State and Zip Code						
	1	mbock@ses-grp.com						
	_	E-mail address: (to be	used for future annual report notification)					
For furth	er infort	nation concerning this matter, please cal	f:					
Michael J. Bock		LJ. Bock	865 6214620					
		Name of Contact Person	at ()					
	Registi Divisio P.O. B	Address: ration Section on of Corporations ox 6327 assec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					
	Please n	d is a check for the following amount: nake check payable to: FLORIDA DEP, .00 Filing Fee  \$130,00 Filing Fee Certificate o	e & 🔲 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate					

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

l'name mavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida The	alternate name must include "L	annted Liability	Company," "L.L.C," or "LLC."
Alaska		,	88-2634263		
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	3.	(	FEI number, if:	applicable)
					_
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ine penalty	r) liabibty)	11	_
3550 St. Johns Bluff R	d. South, Ste. 16	,	3550 St. Johns Bluff		Ste. 16
eet Address of Principal Office)		6.	(Mailing Address)		
Jacksonville, F1, 32224			Jacksonville, FL 322.	54 <b>2</b>	202
					5 =
Name and street address Name:	s of Florida registered agent: (P.O. Box Corporation Service Company	<u>NOT</u> :	icceptable)		O PH 3: 21
Office Address:	1201 Hays Street		<del></del>		<del>-</del> -
	Tallahassee		3230 . Florida	)]	
	(City)		(Zi;	r zode)	_
esignated in this applicate comply with the provisi	(Cay) tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ons of all statutes relative to the proper of my position as registered agent.	s registe and co	Florida Florida (Zs; [Or the above stated lived agent and agree in the performance of the control of the cont	ozode) imited liabi to act in th	is capacity. I furthe
	Judich	Kily			
	(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: SES Group of Companies LLC Name: Kim Allerton □Manager □Manager Address: \_\_ 3550 St. Johns Bluff Rd. South Address: 1006 Floyd Culler Court **≅**Member □Member Oak Ridge, TN 37830 Jacksonville, FL 32224 \[
 \sum Authorized
 \] **EiAuthorized** Person Person **≘**Other\_\_\_ □Other □ □Other □Other Edward Pacelli Name: \_ □Manager □Manager Address: 1006 Floyd Culler Court Address: \_\_\_\_\_ ☐ Member □ Member Oak Ridge, TN 37830 Oak Ridge, TN 37830 □ Authorized Authorized Person Person President & CEO : □Other\_\_\_\_\_ □Other\_\_\_\_ □Other □Manager Name: \_\_\_\_\_ □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

Signature of an authorized person

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael J. Bock