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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W10000007820
W1000000000000000000000000000000000000

Office Use Only



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10 MAR 15 AM 9: 11
SECRETARY OF STATE
CALLAHASSEE, FIRMS

D. BRUCE

MAR 16 2010,

EXAMINER

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2010

JEFFREY L. GUIMONT 5608 COUNCIL RING BLVD KOKIMI, IN 46902

SUBJECT: INSTALLATION SERVICES '09 LLC

Ref. Number: W10000007820

We have received your document for INSTALLATION SERVICES '09 LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 210A00003855

COVER LETTER

	ion of Corporations ENSTAUATION SERVICES '09	
SUBJECT: _	Name of Limited Liability Company	
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific check are submitted to register the above referenced foreign limited liability company to transact business in F	
Please return al	ll correspondence concerning this matter to the following:	
	JEFFERY L. GUMONT	
	1100 O 1 0 150 1	
	INSTAURTION SERVICES '09	
	Firm/Company 0	
	5608 COUNCIL RING BLVD Address Address	
	Address	
	KOKOMO, IN 46902 JGUIMONT 1 City/State and Zip Code	
	JGUIMONT 2 City/State and Zip Code	
	JGUIMONT 1 @ COMCAST. NET	
	E-mail address: (to be used for future annual report notification)	
For further info	ormation concerning this matter, please call:	
	TEH GUIMONT at 765 210-7651 Name of Person Area Code & Daytime Telephone Number	
	Name of Person Area Code & Daytime Telephone Number	
Division Registr P.O. B	AING ADDRESS: on of Corporations pration Section Box 6327 Box 6327 Box 6327 Box 6327 Box 6327 Box 63214 Bo	
Enclosed is a	a check for the following amount:	
\$12	25.00 Filing Fee \$\int \\$130.00 Filing Fee & \int \\$	

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
INSTAUATION SERVICES '09 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. STATE OF /WD/AMA (Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable)
2. 57A7E OF //VV/A97 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 2-/1-/0 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. JOB TO START 2-17-10
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 5608 COUNCIL PLING BLUD TO THE TOTAL
Kokomo IN 46902 (Street Address of Principal Office)
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
JEHERY L. GUIMONT
JEHERY L. GUIMONT 5608 COUNCIL PING BLUD KOK IN 46902
10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: ///STAWATION OF
Gym EQUIPMENT
Joffen L. Joinst
Signature of amember or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
JEHERY L. GUIMONT
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
INSTAULTION SERVICES '09 LLC			
If unavailable, the alternate to be used in the state of Florida is:			
JEFF GUIMONT LLC			
2. The name and the Florida street address of the registered agent and office are:	MLLAH.	10 MAR	77
JEFFERY L. GUIMONT	ASSE	27	-
(Name)	m _G	Ä	
5100 BUNCHETTE NO #1005	FLORIDA	9: 1.1	ر
Florida Street Address (P.O. Box NOT ACCEPTABLE)	E DA	كاسمة	
TAMPA EC 33647 FL			
City/State/Zip			

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

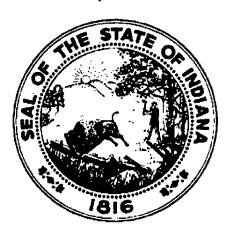
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

INSTALLATION SERVICES '09 LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 11, 2010, and was in existence or authorized to transact business in the State of Indiana on February 22, 2010.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Second Day of February, 2010.

TODD ROKITA, Secretary of State

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