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DIVISION OF CORPORATIONS
TALL AHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: S&L Integrated Systems, 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:
Jason Jones
Name of Person
S&L Integrated Systems, LLC
Firm/Company
P.O. Box 1075
Address
Cairo, GA 39828
City/State and Zip Code
jasonj@sldifference.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
To turner mornation concerning and matter, prease can:
Matt Folsom at (850) 445-9240
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\int\\$\$125.00 \text{ Filing Fee}\$ Certificate of Status \$\int\\$\$155.00 \text{ Filing Fee & Certificate Copy}\$ \$\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy}\$

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.

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S	IAIEOF FLORIDA:	
I. S&L Integrated Systems, LLC		
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.	L.C.," or "LLC.")
	• • • • • • • • • • • • • • • • • • • •	, ,
(If name unavailable enter alternate name adorsed for the name	-FA	1 1 0.1
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern	of transacting business in Florida a	nd attach a copy of the written
Company," "L.L.C," "LLC.")	are name. The internate name must	mende Emilied Elatimy
2. Georgia 3.	43-2035210	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if app	licable)
0/4.0/0007		
4. <u>8/16/2007</u> 5.		
(Date of Organization)	(Duration: Year limited liability of exist or "perpetual")	company will cease to
	onist of perpetual)	_
6		
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.)	AX T
	s determine penany masiny	3 8 1
7. 433 Commerce Court		SSS
0-1 04 00000		min i
Cairo, GA 39828	Principal Office)	
(Street Address of	Principal Office)	등 후 (고
8. If limited liability company is a manager-managed co	ompany check here) 0811
o. It initied habitity company is a manager-managed of	ompany, eneck here	7 A
9. The name and usual business addresses of the manag	ing members or managers are	as follows:
	and memoers of managers are	us follows.
Uason Vones		
// - >		
433 Commerce C+		
C * M C 4 300 NO	-	
CairO, GA 39828		
/ 10. Attached is an arisinal antifacts of aristoness are around their 00 dec	world dub outbout acted by the offici	al leaving average, after a condair.
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is		
ranslation of the certificate under eath of the translator must be submit	•	a loreign tariguage, a
	,	
11. Nature of business or purposes to be conducted or p	romoted in Florida: AN Rent	al and Installation
		·
Signature of a member or an author	orized representative of a men	
(In accordance with section 608.40(3), F.S., the execution		
penalties of perjury that the facts stated herein are true.	I am aware that any false information	on submitted in a
document to the Department of State constitutes a		
Jason Jones		

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 Con	npany is:	
S&L Integrated Systems, LL	.C	
If unavailable, the alternate to be used in t	the state of Florida is:	
2. The name and the Florida street addres	ss of the registered agent and office are:	
Matt Folsom		
	(Name)	
4415 Blue Bill Pass		
Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee	FL 32303	
	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 GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

S & L INTEGRATED SYSTEMS, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 08/16/2007 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 2nd day of February, 2011

B:Ph

Brian P. Kemp Secretary of State

Certification Number: 6457519-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp