M11000001714

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200198728352 04/05/11--01008--007 **638.75



C. LEWIS

Apr. 6, 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 29, 2011

JOE FLYNN / TRANSFORMER LIFECYLE SERVICES, LLC. 455 DOUGLAS AVE. SUITE 1555 A ALTAMONTE SPRINGS, FL 32714

SUBJECT: TRANSFORMER LIFECYLE SERVICES LLC

Ref. Number: W11000017713

We have received your document for TRANSFORMER LIFECYLE SERVICES 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:

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

If you have any further questions concerning your document, please call (850) 245-6047.

Letter Number: 111A00007589

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Transformer Lifecycle Services 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:		
Joe Flynn Name of Person		
TRANSFORMER LIFECYCLE SERVICES LLC. Firm/Company		
455 Douglas Ave. Suite 1555A Address		
ALTAMONTE SPRINGS FL 32714 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Joe Flynn at 407, 788-3717 X 203 Name of Person Area Code & Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount: \$\int_\$\$125.00 \text{Filing Fee} \text{\$\subseteq}\$\$130.00 \text{Filing Fee & Certificate of Status} \text{\$\subseteq}\$\$\$155.00 \text{Filing Fee & Certified Copy} \text{\$\subseteq}\$\$\$\$\$ 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:
1. TRANS FORMER LIFECYCLE SERVICES 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. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. AUGUST 1, 2010 (Date of Organization) 5. AUGUST 1, 20/1 (Duration: Year limited liability company will cease to exist or "perpetual")
6. AUGUST 1, 2010 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7: MIKE PETERSON
1938 YUMA ROAD, YUMA TN 38390 (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:
JOE FLYNN, CFO 455 DOUGLAS AVENUE, SUITE 1555 A ALTAMONTE SPRINGS, FL 32714
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 ranslation of the certificate under eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Maintaining public utilities substations in order to provide un-interrupted electrical service to public
Signature of a member 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. 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 \$ 817.155, F.S.)

Toe Flynn
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:	
TRANSFORMER LIFECYCLE SERVICES, LLC.	
If unavailable, the alternate to be used in the state of Florida is:	-10
TLS, U.C.	To the second
2. The name and the Florida street address of the registered agent and office are:	P
Joseph Flynn Sign	
455 Douglas Ave - Suite 1555A Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Altamente Springs FL 32714	
Springs FL 32714 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 TENNESSEE Tre Hargett, Secretary of State

Division of Business Services

William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

DEANNA TOM - PCF INC.

101 MONTGOMERY STREET #1500 SAN FRANCISCO, CA 94104

March 18, 2011

Request Type: Certificate of Existence/Authorization

Issuance Date: 03/18/2011

Request #:

0034339

Copies Requested:

Document Receipt

Receipt #: 389927

Filing Fee:

\$20.00

Payment-Check/MO - DEANNA TOM - PCF INC., SAN FRANCISCO, CA

\$20.00

Regarding:

TRANSFORMER LIFECYCLE SERVICES LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 08/27/2009

Status:

Active

Duration Term: Perpetual

Control #:

608961

Date Formed:

08/27/2009

Formation Locale: Carroll County

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

TRANSFORMER LIFECYCLE SERVICES LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Sheila Keeling