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| (Requestors Name)                       |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
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EQUIPMENT MAINTENANCE SOLUTIONS, LLC

TYPE OF FILING: APPLICATION

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**AUTHORIZATION: ABBIE/PAUL HODGE** 

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TALLAHASSEE, FLORIDA

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#### COVER LETTER

| SUBJECT: _                  | <u>-</u>   | Maintenance Solutio   | ns, LLC                  |                          |   |
|-----------------------------|--|---|--------------------------|--------------------------|---|
|                             | Nan  | ne of Limited Liability Company   |                          |                          |   |
|                             | Application by Foreign Limited Liah<br>check are submitted to register the a         |   |                          |                          |   |
| Please return al            | Il correspondence concerning this ma   | atter to the following:   |                          |                          |   |
|                             |  | Rachel Garfield   |                          |                          |   |
|                             |  | Name of Person  |                          |                          |   |
|                             | Ameri  | can Auto Shield   | , LLC                    |                          |   |
|                             | 70 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1   | Firm/Company  |                          | _                        |   |
|                             | 1597 Cole : 1  | Blvd Ste 20   | 0                        | Aller Form               |   |
|                             | Lakewo   | City/State and Zip Code   |                          |                          |   |
|                             | r.garfield@  | americanautosl  | nield.com 💆              | 2814 DEC 24<br>Secretary | 7 |
| For further info            | ormation concerning this matter, plea  | •   | SSEE                     |                          |   |
| =                           | Rachel Garfield  | at (303)  | 420-7488 x 22 5          | A & 54                   | C |
|                             | Name of Contact Person   | Area Code   | Daytime Telephone Number | मूस रू                   |   |
| Divisio<br>Regist<br>P.O. B | LING ADDRESS:<br>on of Corporations<br>ration Section<br>lox 6327<br>assee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301 | <i>†</i> ≯               | . <u>r</u>               |   |

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

| Equipment Maintenance Cali  | utions IIC   |  |  |
|---|--|--|--|
| Equipment Maintenance Solution (Name of Foreign Limited Liability Company; must include "Limited Liability Company")  |  |  |  |
| (wante of Foreign Entitled English Company, must mende Entitled En  | aonthy Company, E.E.C., or EEC.  |  |  |
| name unavailable, enter alternate name adopted for the purpose of transacting busin   | and in Ularita. The alternate page must include all instead              |  |  |
| oility Company," "L.L.C," or "LLC.")  | less in Florida. The alternate hante must include Elimited               |  |  |
| Wyoming 3   | 26-2684927   |  |  |
| Wyoming 3.  Unrisdiction under the law of which foreign limited liability company is organized)   | 26-2684927<br>(FEI number, if applicable)                                |  |  |
|   | سب م   |  |  |
| (Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determi   | r to registration.)  |  |  |
|   | >20  |  |  |
| 1597 Cole Boulevard, Suite 200 第二日  |  |  |  |
| Lakewood, CO 804  |  |  |  |
| (Street Address of Principal Of   |  |  |  |
| 1597 Cole Boulevard, Su   |  |  |  |
|   | 5 m  |  |  |
| Lakewood, CO 8046 (Mailing Address)   | <u>U1</u>  |  |  |
| (Maining Additions)   |  |  |  |
| The name, title or capacity and address of the person(s) who have   | nas/have authority to manage is/are:                                     |  |  |
| eodore L. Terry, Manager 1597 Cole Boulevard, 9   | Suite 200 Lakewood, CO 80401   |  |  |
| occord at 1011, manager 1007 Cole Board and, t  |  |  |  |
|   |  |  |  |
| ,   |  |  |  |
|   |  |  |  |
| A tracked in an artistical analysis as a Co. Inc.   | 0 1 11 11 11 11 11 11 11 11 11 11 11                                     |  |  |
| Attached is an original certificate of existence, no more than 90 ing custody of records in the jurisdiction under the law of which   |  |  |  |
| eptable. If the certificate is in a foreign language, a translation   | of the certificate under oath of the translator                          |  |  |
| st be submitted)  |  |  |  |
| $\alpha$ . $\alpha$   |  |  |  |
|   |  |  |  |
| They for the  |  |  |  |
| Signature of an authorized  | I person   |  |  |
| Signature of an authorized ecordance with section 605,0203, F.S., the execution of this document constitutes an affirmat ware that any false information submitted in a document to the Department of State constitute. | ition under the penalties of perjury that the facts stated herein are tr |  |  |

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

#### **Equipment Maintenance Solutions, LLC**

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

# National Corporate Research, Ltd., Inex (Name) 155 Office Plaza Drive Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee 32301

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 605, Florida Statutes.

\$ 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 WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### **Equipment Maintenance Solutions, LLC**

is a

#### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **May 5, 2008**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2008-000554467**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of December, 2014 at 3:40 PM. This certificate is assigned 016903326.

Secretary of State

SEGRETARY OF STATE

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.