

M1900001951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

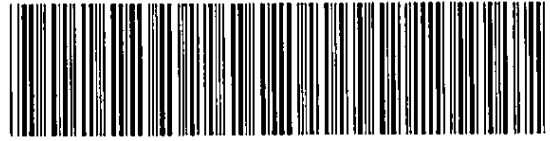
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400338043584

2019 DEC 16 PM 4:48  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 DEC 15 PM 4:08



CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 102737 7940711

AUTHORIZATION

COST LIMIT \$ 130.00



2019 DEC 16 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

ORDER DATE : December 16, 2019

ORDER TIME : 2:51 PM

ORDER NO. : 102737-005

CUSTOMER NO: 7940711

FOREIGN FILINGS

NAME: ADVANTAGE ALLIANCE PRO LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX        PLAIN STAMPED COPY
- XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Advantage Alliance Pro 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:

Carol A. Morris  
Name of Person  
Service Experts Heating & Air Conditioning LLC  
Firm/Company  
3820 American Drive, Suite 200  
Address  
Plano, TX 75075  
City/State and Zip Code

carol.morris@serviceexperts.com  
E-mail address: (to be used for future annual report notification)

2019 DEC 16 PM 4:48  
FILED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Carol Morris at (972) 535-3828  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Advantage Alliance Pro 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-3634880  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3820 American Drive, Suite 200  
(Street Address of Principal Office)

6. 3820 American Drive, Suite 200  
(Mailing Address)

Plano, TX 75075

Plano, TX 75075

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee Florida 32301  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company  
By:   
(Registered agent's signature) Kadesha Roberson  
ASST. Vice President

FILED  
2009 DEC 16 PM 4:48  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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:**  Manager  Member  Authorized Person  Other

**Name and Address:** Name: Service Experts Heating & Air Co  
 Address: 3820 American Drive  
Suite 200  
Plano, TX 75075

Manager  Member  Authorized Person  Other

Name: Adnan Mughal  
 Address: 3820 American Drive  
Suite 200  
Plano, TX 75075

Manager  Member  Authorized Person  Other

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Title or Capacity:**  Manager  Member  Authorized Person  Other

**Name and Address:** Name: Richard R. Rogers  
 Address: 3820 American Drive  
Suite 200  
Plano, TX 75075

Manager  Member  Authorized Person  Other

Name: Carol A. Morris  
 Address: 3820 American Drive  
Suite 200  
Plano, TX 75075

Manager  Member  Authorized Person  Other

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2019 DEC 16 PM 4:48  
 FILED  
 TALLAHASSEE  
 CLERK OF COURT  
 JUDICIAL DISTRICT  
 11

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Carol A. Morris  
 Signature of an authorized person

Carol A. Morris  
 Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF 'ADVANTAGE ALLIANCE PRO LLC', FILED IN THIS OFFICE ON THE THIRTIETH DAY OF OCTOBER, A.D. 2019, AT 1:13 O'CLOCK P.M.

FILED  
2019 DEC 16 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

7679413 8100  
SR# 20197814968

Authentication: 203899696  
Date: 10-30-19

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)