

1/31/2020

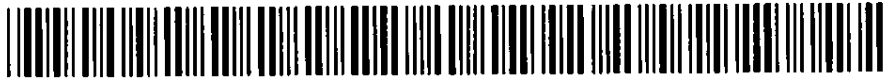
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LICENSES ETC INC
Account Number : 120070000159
Phone : (239)777-1028
Fax Number : (877)275-3593

2020 JAN 31 AM 10:36

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: SUPPORT@LICENSESETC.COM

Foreign Limited Liability Company PHILOS MECHANICAL L.L.C.

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$160.00

2020 JAN 31 PM 2:16

FEB 3 2020

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Corporate Filing Menu

M. SOLOMON

Help

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHILIOS MECHANICAL L.L.C.

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:

LISA ADAMS

Name of Person

LICENSES, ETC., INC.

Firm/Company

886 110TH AVE N SUITE 6

Address

NAPLES, FL 34108

City/State and Zip Code

SUPPORT@LICENSESETC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA ADAMS

239

777-1028

at ()

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

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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. PHILOS MECHANICAL L.L.C.

(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. MINNESOTA

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

30-0937260

3.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration)
(See sections 505.0904 & 605.0905, F.S. to determine penalty liability)

21486 HUMBOLDT CT., SUITE 100

5.

(Street Address of Principal Office)

LAKEVILLE, MN 55044

21486 HUMBOLDT CT., SUITE 100

6.

(Mailing Address)

LAKEVILLE, MN 55044

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

Name:

LICENSES, ETC., INC.

Office Address:

886 110TH AVE. N., SUITE 6

NAPLES

(City)

, Florida

34108

(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.

(Registered agent's signature)

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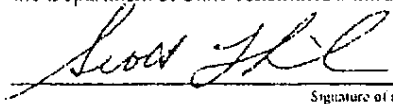
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: SCOTT THIELEN	☐ Manager	Name: _____
☐ Member	Address: 3500 GREEN HEIGHTS TRL SW	☐ Member	Address: _____
☐ Authorized	PRIOR LAKE, MN 55372	☐ Authorized	_____
Person	_____	Person	_____
☒ Other AMBR	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

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.



 Signature of an authorized person

SCOTT THIELEN

 Typed or printed name of signer

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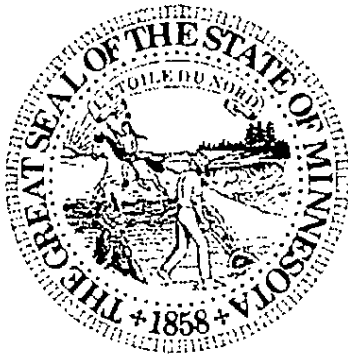
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**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Philos Mechanical L.L.C.
Date Filed:	04/29/2016
File Number:	886389600028
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 01/31/2020



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota

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