

M22000007586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

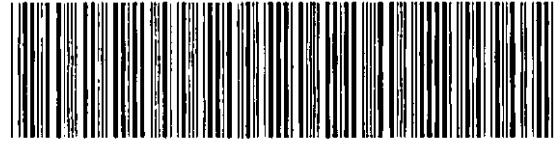
(Business Entity Name)

(Document Number)

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MAY 16 2022

K. Brumbley

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 05/12/2022

Acc#I20160000072

eric DW

Name:	E Solutions LLC
Document #:	
Order #:	14295627

Certified Copy of Arts & Amend:	<input type="checkbox"/>	1-2 filing withdrawal 1st - qualification 2nd	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Ref# _____

Amount: \$ 155.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E Solutions 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:

Orquidea Wirges
Name of Person
Comfort Systems USA, Inc.
Firm/Company
675 Hering Drive, Suite 400
Address
Houston, TX 77057
City/State and Zip Code
orquidea.wirges@comfortsystemsusa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Orquidea Wirges at (713) 830-9636
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. E Solutions LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

E Solutions FL, 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. Indiana 3. 27-0978752
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 2350 N. Shadeland Avenue 6. 2350 N. Shadeland Avenue
(Street Address of Principal Office) (Mailing Address)
Indianapolis, IN 46219 Indianapolis, IN 46219

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation Florida 33324
(City) (Zip code)

APPROVED AND FILED
2022 MAY 13 PM 1:58
CLERK OF CIRCUIT COURT
IN FLORIDA

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.

By: Jeanne Nelson C T Corporation System Vice President
(Registered agent's signature)

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: **Name and Address:**

Manager Name: MEP Holding Co., Inc.

Member Address: 2350 N. Shadeland Avenue

Authorized Indianapolis, IN 46219

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Laura Howell

Member Address: 675 Bering Drive, Suite 400

Authorized Houston, TX 77057

Person _____

Other _____ Other _____

Manager Name: Paul G. Morey

Member Address: 2350 N. Shadeland Avenue

Authorized Indianapolis, IN 46219

Person _____

Other President Other _____

Manager Name: Greg Bielefeld

Member Address: 2350 N. Shadeland Avenue

Authorized Indianapolis, IN 46219

Person _____

Other Vice President Other _____

Manager Name: Nance Schrader

Member Address: 2350 N. Shadeland Avenue

Authorized Indianapolis, IN 46219

Person _____

Other Secretary Other _____

Manager Name: Sherry Dean

Member Address: 2350 N. Shadeland Avenue

Authorized Indianapolis, IN 46219

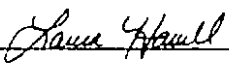
Person _____

Other Treasurer 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

Laura Howell, Vice President

 Typed or printed name of signer

ATTACHMENT

ADDITIONAL OFFICERS FOR E SOLUTIONS LLC

<u>NAME</u>	<u>OFFICE</u>	<u>ADDRESS</u>
Laura Howell	Vice President, Assistant Secretary, and Sole Director	675 Bering Drive, Suite 400, Houston, TX 77057
William George	Vice President and Assistant Secretary	675 Bering Drive, Suite 400, Houston, TX 77057
Byran Farris	Vice President and Assistant Treasurer	675 Bering Drive, Suite 400, Houston, TX 77057
Jay Burgess	Vice President and Assistant Treasurer	675 Bering Drive, Suite 400, Houston, TX 77057

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

E SOLUTIONS LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 17, 2009, and was in existence or authorized to transact business in the State of Indiana on April 27, 2022.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 27, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

2009061700327 / 20222555713

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on May 27, 2022.