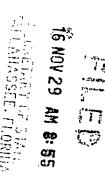
(Requestor's Name)					
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Nan	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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Y SULKER

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 382331 8098325

AUTHORIZATION : Since & Comments

ORDER DATE: November 28, 2016

ORDER TIME : 9:21 AM

ORDER NO. : 382331-010

CUSTOMER NO: 8098325

FOREIGN FILINGS

NAME: AMERICAN SPOT COOLING, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: AME	rican Spot	Cooling, Inc.	
	Name of corporat	ion - must include suffix	
Dear Sir or Madam:			
The enclosed "Application "Certificate of Existence," above referenced foreign of	or "Certificate of Good S	for Authorization to Transac Standing" and check are sub siness in Florida.	et Business in Florida," mitted to register the
Please return all correspon	ndence concerning this ma	tter to the following:	
STEPHANIE	Kroyman		
'n	Name	of Person	
HMERICAN	SPOT DOLLING	a Inc	
Λ1. AΛ. Σ	Firm/C	Company	
10 MAIN O	Ţ <u>,</u>		
Name of W	Ac	Idress	
_ CHERRY VA	LEY, INA UI	bll	
CTTDUD	City/Stat	e and Zip code	
2 IRMHUIF	WHITEKICHIO	d for future annual report n	()
	E-man address, (to be use	ed for futate annual report in	ottication
For further information co	incerning this matter, plea	se call:	
STEPHANIE KROL	IMAN at M	1 239-7678	
Name of Person	Area C	Code Daytime Teleph	ione Number
STREET/COUR	IER ADDRESS:	MAILING A	DDRESS:
Registration Secti		Registration So	
Division of Corpo Clifton Building	rations	Division of Co P.O. Box 6327	
2661 Executive C Tallahassee, FL		Tallahassee, F	
Enclosed is a check for the	e following amount:		
☐ \$70.00 Filing Fee (S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE REGISTER A FOR	WITH SECTION 607.1503, FLORIDA STA REIGN CORPORATION TO TRANSACT BU	ATUTES, THE FOLLOWING IS SUBM USINESS IN THE STATE OF FLORIDA	TITTED TO 4.				
1. AMERICA	in Spot Cooling Inc.						
(Enter name of co	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"					
(If name unequile	the Charles and the						
Marson	ble in Florida, enter alternate corporate name ad	lopted for the purpose of transacting busine	ss in Florida)				
2. State or country	HUSE IS 333	(FEI number, if applicable)				
1 05/1	12015	(* 13. manious, 17 approache	,				
(Date	(Date of incorporation) (Date of duration, if other than perpetual)						
6 10/08	1/2016						
1010	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1501	Florida, if prior to registration) 2. F.S. to determine penalty liability)					
- 210 M	- 210 Main ST PULLEN MAN AULI						
/ <u> </u>	(Principal	office address)					
	(Current mailing	address, if different)					
8 Name and stree	t address of Florida registered agent: (P.O.	Roy NOT accentable)	40% S				
	Corporation Service Company	box <u>Not</u> acceptable)	SOLO No Marian				
Name:	1201 Hays Street		2000年				
Office Address:			7.S				
	Tallahassee	32301 , Florida	(F) (F) (F)				
	(City)	(Zip code)	••				
9. Registered age			A				
designated in this	ed as registered agent and to accept service application, I hereby accept the appointme	ent as registered agent and agree to ac	ct in this capacity. I				
	omply with the provisions of all statutes rel amiliar with and accept the obligations of a		ormance of my				
		-	Milliams				
	orporation Service Company	Courtney Asst, Vice					
<u>B</u> :		ent's signature)					
	rogistored ag	an a signame)					

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: Address: **B. OFFICERS** Secretary: _ Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

(Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

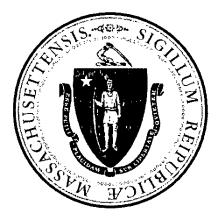
Date: November 28, 2016

To Whom It May Concern:

I hereby certify that according to the records of this office,

AMERICAN SPOT COOLING, INC.

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Tranin Galicin

Certificate Number: 16110459090

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: