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S. FRANKLIN JUN 2 8 2022

COVER LETTER .

TO: Registration Section Division of Corporations			
SUBJECT: All Temperature Syste Name of corporation - must i	ems, Inc.		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Authoriz "Certificate of Existence," or "Certificate of Good Standing" an above referenced foreign corporation to transact business in Flor	d check are submitted to register the		
Please return all correspondence concerning this matter to the fo	llowing:		
David Hogland Name of Person			
Name of Person	2		
All Temperature Syster Firm/Company	ems, Inc.		
Firm/Company			
1034 Jardin Dr.	<u> </u>		
Address	Pil		
Naples FL 34104-6 City/State and Zip co	6613		
Dave @ ATS Companies. E-mail address: (to be used for future	<u>Com</u>		
E-mail address: (to be used for future	annual report notification)		
For further information concerning this matter, please call:			
David Hogland at (847) 6 Name of Person Area Code	97-4627 Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$70.00 Filing Fee \$ \$78.75 Filing Fee & \$\$ \$78.75 . Certificate of Status Certifie	Filing Fee & 🔲 \$87.50 Filing Fee,		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. All	properation; must include "	ure Sys-	COMPANY " "COR	PORATION "		
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp	.")	COMPANT, COM	Old III on,		
Λ <i>+</i>						
(If name unavaila	S Companiable in Florida, enter alterr	e5 ate corporate name a	dopted for the purpose o	f transacting busines	ss in Florida)	
2. III	inois	3				
(State or country	Ilinois 3. 36-2891924 ate or country under the law of which it is incorporated) (FEI number, if applicable)					
4. 10-0	08-1976 of incorporation)	5	(Date of duration	on if other than perp	netual)	
			(Date of durane	m, n omer man perp	··,	
6	(Date first to	ransacted business in	Florida, if prior to regist	ration)		
- 1031	•		2, F.S., to determine per		(-1-13	
7 <u>[US</u>	4 Jardin	(Principal offic	e <u>street</u> address)	<u>- 110 -</u>	<u>- 6612</u>	
	Same		address, if different)	<u> </u>		
		(Current mailing	address, if different)		2 5.	
8. Name and stree	et address of Florida regi	stered agent: (P.O.	Box NOT acceptable	e)	20/2 5:313	
Name:	David H	alund			P	•
Office Address:	1034 50	-			PH 3: 52	معد
Office Address.				u 1/13	, 2	
	- 170 Ples	ty)	, Florida <u>3410</u> (Zip co	odc)		
9. Registered age	ent's acceptance:					
	ed as registered agent a application, I hereby a					
further agree to co	omply with the provisio	ns of all statutes re	lative to the proper an	id complete perfoi	rmance of my	duties
ana 1 am jamular	with and accept the ob	ugations of my posi	ition us registereu uge	:ni.		
/	A ,					
-1	Jan Jan	Registered agent's sig	nature)			

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.

A. DIRECTORS							
□Chairman	Name: David Hogland	□Chairman	Name:				
□Vice Chairman	Address: 1034 Jardin Dr	□Vice Chairman	Address:				
□Director	Naples, FL 34104-6613	□Director					
President		President					
□ Vice President		□Vice President					
Secretary	□Treasurer	Secretary		□Treasurer			
Other	Other	Other		□Other			
□Chairman	Name:	□ Chairman	Name:				
	Address:		Address.				
□ Director		□Director					
☐ President		□President		- 2			
☐ Vice President		□Vice President		2022 .			
☐ Secretary	Treasurer	☐ Secretary		☐Treasurer.			
Other	Other	Other		□Other ယ			
				다. 나 나			
Chairman	Name:	□Chairman	Name:	2			
□ Vice Chairman	Address:	□Vice Chairman	Address:	annan, at			
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	☐Treasurer	Secretary		☐Treasurer			
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.							
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.							
13. David Hogland President (Typed or printed name and capacity of person signing application)							



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ALL TEMPERATURE SYSTEMS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 08, 1976, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH

day of

JUNE

A.D.

2022

Authentication #: 2215802286 verifiable until 06/07/2023

Authenticate at: http://www.ilsos.gov

SECRETARY OF STATE