

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.

(((H22000329176 3)))



H220003291763ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing: \$0 will generate another cover sheet.

_		
- 1	\sim	٠
1	v	٠

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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

Emsil	Address:			
CINAL C	MUUIESS.			

FOREIGN PROFIT/NONPROFIT CORPORATION Alliance Industrial Refrigeration Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

SFP 2 3 2022

Electronic Filing Menu Corporate Filing Menu

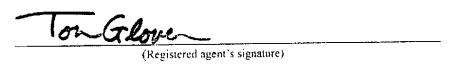
Help

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.

(Enter name of c	dustrial Refrigeration Services, opporation; must include "INCORPORATED." opp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)		
0-14				
(State or country under the law of which it is incorpora		(FEI number, if applicable)		
	•			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
		Florida, if prior to registration)		
·	(Date first transacted business in F	· · · · · · · · · · · · · · · · · · ·		
7004 445 0	(SEE SECTIONS 607.1501 & 607.150)			
7901 4th S	St N STE 300 St. Petersburg F			
20211 Pag	seo Del Prado Walnut CA 917			
20311 Fas	(Current mailing	address, if different)		
	(**************************************			
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Northwest Registered Agent LL			
office Address:	7901 4th St N STE 300			
Trice Address.	St. Petersburg	Florida 33702		

Having been named as registered agent and to accept service of process for the above stated corporation 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.



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	0 10 11			
☐ Chairman	Name: Grant Golding	☐ Chairman	Name.	
□ Vice Chairman	Address:	□Vice Chairman	Address:	
X Director	7901 4th St N STE 300	□Director		
XI President	St. Petersburg FL 33702	□President		
□Vice President		□ Vice President		
☐ Secretary	'MTreasurer	☐ Secretary		□Treasurer
∭Othe:	□Other	□Other	and the second s	Other
□Chairman	Name: Richard Dones	□Chairman		
□Vice Chairman	= = 1 1	□Vice Chairman	Address:	
□Director	7901 4th St N STE 300	□Director		6
□President	St. Petersburg FL 33702	□President		2022
□ Vice President		□Vice President	,	22
X Secretary	Treasurer	☐ Secretary		□Treasurer □□
	Other	□Other		□Other
				2
□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	☐ Sceretary		□Treasurer
□Other	Other	Other	AA AV	□Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The attached to the index when filing your Florida Department	int of State Annual R	cport torm.	
12.	Signature of Director of	o Officer		
she is aware that fa	ctor signing this document (and who is listed in number also information submitted in a document to the Depart	r 11 above) affirms the ment of State constitution	hat the facts state ates a third degre	d herein are true and that he or e felony as provided for in
13. <u>GRA</u>	(Typed or printed name and capacity of person	<i>leSineペ</i> ア on signing application	n)	



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: ALLIANCE INDUSTRIAL REFRIGERATION SERVICES, INC.

Entity No.: 2548139 **Registration Date:** 08/13/2003

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any_3 business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 21, 2022.

SHIRLEY N. WEBER, PH.D. Secretary of State

Certificate No.: 046606323