



1020000001690

ACCOUNT NO. : 072100000032

REFERENCE : 639815 4351701

AUTHORIZATION :

Patricia Pujols

MJH

COST LIMIT : \$ 125.00

ORDER DATE : June 25, 2002

6/27 FOR LLC

ORDER TIME : 9:49 AM

ORDER NO. : 639815-010

CUSTOMER NO: 4351701

CUSTOMER: Ms. Linda Carr  
Chesapeake Utilities Corp.  
909 Silver Lake Blvd.  
P.O. Box 615  
Dover, DE 19904

800006061398--3

FOREIGN FILINGS

NAME: AQUALITY SOLUTIONS OF STUART,  
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY.

CONTACT PERSON: Ginger Simmons -- EXT# 1139

EXAMINER: \_\_\_\_\_  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

02 JUN 27 AM 10:30

RECEIVED

FILED  
02 JUN 27 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. aquality solutions of Stuart, LLC.  
(Name of foreign limited liability company)
2. Delaware 3. N/A  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 6/21/02 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 6/21/02  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1490 N.W. FEDERAL HIGHWAY  
Stuart, FL 34994  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

aquality solutions, LLC.  
909 SILVER Lake Blvd  
Dover, DE 19904

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Sales and service  
of water conditioning and treatment equipment as well as  
other forms of business convenient or auxiliary thereto.  
Beth W. Cooper

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Beth W. Cooper, Asst Secretary & Asst. Treasurer  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

aquality solutions of Stuart, LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida street address (P.O. Box **NOT** ACCEPTABLE)

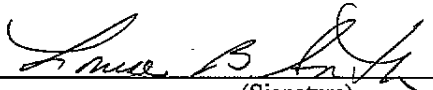
Tallahassee

FL

32301

(City/State/Zip)

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
(Signature)

Louise B. Smith, Asst. V.P.

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# Delaware

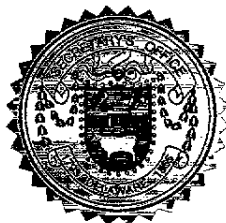
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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AQUALITY SOLUTIONS OF STUART, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JUNE, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AQUALITY SOLUTIONS OF STUART, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3518251 8300

AUTHENTICATION: 1855226

020415748

DATE: 06-26-02