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# FOREIGN LIMITED LIABILITY COMPANY

#### **International Comfort Products, LLC**

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

# IN COMPLIANCE WITH SECTION 601.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	INTERNATIONAL COMFORT PRODUCTS	, LLC
		_

	(Name of foreign limited liability company)	
	Delaware 3, not known (furisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized)	
4.	09/25/03 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	(Date Airst transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	-
7.	ONE CARPIER. PLACE FAMILY TICK, CT OGOSZ (Street address of principal office)	
8.	If limited liability company is a manager-managed company, check here	
9.	(Street address of principal office) If limited liability company is a manager-managed company, check here <b>F</b> The name and usual business addresses of the managing members or managers are as follows: See a Hacked.	H-HO
10.	<ol> <li>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.)</li> </ol>	
11	. Nature of business or purposes to be conducted or promoted in Florida:	
	Heating, Ventilation and Air Conditioning Signature of a member or an authorized representative of a member. (In accordance with section 608.438(3), F.S., the execution of this document constitutes	
	an affirmation under the ponalties of perjury that the facts stated berein are true.)	

Christopher J. Brogan

Typed or printed name of signee

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# Attachment to Florida Member / Manager Information

Christopher J. Brogan	Robert Galli	Angelo Messina
1 Carrier Place	1 Carrier Place	1 Carrier Place
Farmington	Farmingtun	Parmington
CT	CT	CT
06032	06032	06032
<ul> <li>Full Name: Business Address: City: State: ZIP Code:</li> </ul>	2. Full Name: Business Address: City: State: ZUP Code:	



10/25/2003

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### 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:

International Comfort Products, LLC

2. The name and the Florida street address of the registered agent and office are:	D3 HO
C T Corporation System	
(Name)	SPH CHE
c/o C T Corporation System, 1200 South Pine Island Road	
Florida street address (P.O. Box NOT ACCEPTABLE)	03
Plantation FL 33324	-
City/State/Zip	*z -

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.

C T Corporation System (Signature LAUREN H. KREATZ,

SPECIAL AS SISTANT SECRETARY

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



The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERNATIONAL COMFORT PRODUCTS, 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2003.

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



9708411 8300 030701673

. . . .

Harriet Smith Windson

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 2724020

DATE: 10-31-03