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Certified Copies	Certificates	of Status	-
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#### **COVER LETTER**

TO: Registration Section

SECRETARY OF STATE

Division of Corporations	SECRETARY OF STATE TALLAHASSEE, FLORIDA
SUBJECT: (Wollo Systems) (Name of Lin	S, LLC mited Liability Company)
	iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please return all correspondence concerning this	matter to the following:
Kristi 3	Powers ame of Person)
	Engineers irm/Company)
2500 Venture Cak	(Address) Suite 320
Sacramento, Co (City/S	tate and Zip Code)
For further information concerning this matter, pl	ease call:
Kristi Powers (Name of Person)	at (916) 565-4888 (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Boxed{\sum \frac{1}{2}\$125.00 Filing Fee}\$  Certificate o	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA 2006 JUN 22 P 1:

				Frang JAM	22 P 1:50
IN COMPLIANCE WITH	H SECTION 608.50. MPANYTOTRANSA	3, FLORIDA STATUTES, CTRUSINESS IN THE S	THE FOLLOWING IS	SUBMITTED TO BECKE IA	R A FOREIGN
1 Carollo	Sustan		ATE OF TEXADA.	MLLAHAS	SEE. FLORIDA
1. <u>CW/ 0110</u>	Ounivi	of Foreign Limited Lia			
2 Arizon	na_	3	101-1499	73101	
(Jurisdiction under the company is organized	ne law of which fore	eign limited liability	( FEI nur	nber, if applicable)	
112	~) ^ a		Parralu	00	
(Date	of Organization)		(Duration: Year limit	ed liability company will ce	ase to
MIA			exist or "perpetual")		
6. N/A	(Date first tran	sacted business in Flori 8.501 & 608.502 F.S. to	da, if prior to registration	n.)	<del></del>
<b>4</b>		_	_	<b>.</b>	
7. <u>3033 N.</u>	44th St.	Suite 101	<u>Phoenix,  </u>	AZ 85018	
		•			
		(Street Address of	Principal Office)		<del></del>
8. If limited liabilit	y company is a i	nanager-managed co	ompany, check here		
O Th		1 641			
		_	•	nagers are as follows:	
<u>Kichard</u>	Naugh	1215 43 <u>ra</u> 5	<del>st. Sacrame</del>	ento, (A 95819 2101 Phoenix,)	1
Carollo Enc	aineads. D	C 2033 N 4	14±1St Suite	IN Phoenix	17 85018
(00001000100010000000000000000000000000	J. COC J. 1.	<u> </u>	J. Jugit	- IVI I TO CACINI	<u> </u>
	<del></del>				<del></del> .
10. Attached is an origin	nal certificate of exist	ence, no more than 90 day	s old, duly authenticated	by the official having custod	ly of records in
				rtificate is in a foreign langu	age, a
		translator must be submit	•		1
11. Nature of busin	ess or purposes	to be conducted or p	romoted in Florida:	See Attacl	red.
<del></del>	(1/1		110-		•
		rang X	Hay	<u> </u>	
		n member or an auth th section 608.408(3), F.S.			
	an affirmation un	der the penalties of perjury			
	_ Kich		ugh .	-	
		Typed or printed n	ame of signee	•	

#### 11. Nature of business or purposes to be conducted or promoted in Florida:

<u>Services:</u> Systems is established to provide services under contract to government bodies and private and public sector clients for SCADA and PLC programming and systems solutions at public works facilities, including, but not limited to water and wastewater treatment facilities, and products and service related thereto.

FILED

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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	
2. The name and the Florida street address of the registered agent and office are:	
Robert S. Cushing	
(Name)	
401 N. Cattleman Rd. Suite 306	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Samacala 21020	

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, Florida Statutes.

City/State/Zip

1. The name of the Limited Liability Company is:

Carollo Sustems, LLC

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





### STATE OF ARIZONA



Office of the

#### **CORPORATION COMMISSION**

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Director of the Arizona Corporation Commission, do hereby certify that

\*\*\*CAROLLO SYSTEMS, LLC\*\*\*

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 13th day of January 2006.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 12th Day of April, 2006, A. D.

Executive Director

Order Number:

59847

