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(Reque	stor's Name)
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PICK-UP	WAIT MAIL
	ss Entity Name)
	Certificates of Status
Special Instructions to Filing	g Office):

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SECRETARY OF STATE



ACCOUNT NO. : 072100000032

REFERENCE: 040493 5124164

AUTHORIZATION

ORDER DATE : August 3, 2007

ORDER TIME : 1:12 PM

ORDER NO. : 040493-005

CUSTOMER NO: 5124164

#### FOREIGN FILINGS

NAME: EXPERTECH P&P SERVICES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

MANUTAL CON	ALANT TO TIVINGSICT BOSINESS	IN THE STA	ATEOF FLORIDA:		
EXPERTECH P&P S					
(Name of Foreign	n Limited Liability Company; m	ust include	"Limited Liability Compa	iny," "L.L.C.," or "L	.LC.")
(If name unavailable, ent	ter alternate name adopted for th	he purpose o	of transacting business in	Florida and attach a	copy of the writte
consent of the managers Company," "L.L.C.," "L	or managing members adopting	g the alternat	te name. The alternate nar	ne must include "Lin	nited Liability
· ·	ibe.")				
2. Delaware		3.			
(Jurisdiction under the company is organized)	e law of which foreign limited li )	ability	(FEI numbe	er, if applicable)	2
4. 7/25/07		[ ج	Perpetual	FEG	E 777
(Date o	of Organization)	٥	(Duration: Year limited)	liability company wi	H cease to
			exist or "perpetual")	50	in the second
6				E.	0 3
	(Date first transacted busine (See sections 608.501 & 608.	ess in Florida	a, if prior to registration.)	v) 7	نب ري
7 6781 W. Sunrise Box			dolorimino pontifity maonity	,	彩 5
7. 0781 W. Sumise Box	дечати				<u> </u>
Plantation, Florida 3	3313				V
	(Street /	Address of P	Principal Office)		
			<u>.                                    </u>	7	
8. If limited liability	company is a manager-ma	anaged coi	mpany, check here 🗵	3	
9. The name and usi	ual business addresses of th	ne managii	ne members or manac	vers are as follow	e.
		_			3,
David Marinelli, 678	81 W. Sunrise Boulevard, Planta	ation, Florid	a 33313		
Angelo Scola, 600 V	Vorcester Road, Suite LL3, Fran	ningham, M	lassachusetts 01702		
	l certificate of existence, no more t				
the jurisdiction under the I	law of which it is organized. (A p	hotocopy is a	not acceptable. If the certifi	cate is in a foreign lar	nguage, a
translation of the certificate	e under oath of the translator must	t be submitte	xl.)		
11 Nature of busine	ss or purposes to be condu	icted or pr	omoted in Florida		
	as or purposes to be contain	icica or pri	omoted in Florida		
Utility Construction		·			·
	A Comment of the Comm		16 1		
	Signature of a member of	r an author	rized representative o	famambar	
	Signature of a member of (In accordance with section 608.4)	1 an aumo: 408(3), F.S., t	the execution of this docume	nt constitutes	
	an affirmation under the penaltie	s of perjury t			
	Susan E. Harlos, Authorized P				
	Typed or i	printed na	me 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 Compa	any is:			
EXPERTECH P&P SERVICES LLC				
If name unavailable, the alternate name to be	e used in the state	e of Florida is:		
2. The name and the Florida street address of	of the registered	agent and office are:		
	Steve Plourde			
	(Name)			
6781	W. Sunrisc Bouleva	rd		
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Plantation	FL	33313		
	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, Florida Statutes.

By:
(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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# Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXPERTECH P&P SERVICES 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 SECOND DAY OF AUGUST, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXPERTECH P&P SERVICES LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2007.

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

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5896900

DATE: 08-02-07

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