

MD80000001704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

APR - 9 2008

EXAMINER

Office Use Only



100122285311

04/07/08--01026--010 **125.00

2008 APR - 7 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



Quality People. Building Solutions.

777 Post Oak Blvd., Suite 500
Houston, Texas 77056
800-723-8431 Toll Free
713-830-9600 Phone
713-830-9659 Fax

March 25, 2008

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Comfort Systems USA National Accounts, LLC

Dear Clerk:

Enclosed herewith is the original and copy of the Foreign Limited Liability Company Application for Authorization to Transact Business in Florida for the above referenced entity.

Also enclosed is a check in the amount of \$125.00. Please file the document accordingly and return a file stamped copy in the enclosed self-addressed, stamped envelope provided.

Should you have any questions or need additional information, please contact the undersigned at (713) 830-9778. Thank you for your assistance.

Sincerely,

Comfort Systems USA, Inc.

A handwritten signature in black ink, appearing to read "Daphanie McCrea".

Daphanie McCrea
Legal Administrative Assistant

dm
enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comfort Systems USA National Accounts, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Michelle Stratton
(Name of Person)

Comfort Systems USA, Inc.
(Firm/Company)

777 Post Oak Blvd., Suite 500
(Address)

Houston, Texas 77056
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Stratton at (713) 830.9653
(Name of Person) (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:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. Comfort Systems USA National Accounts, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Indiana 3. 74-2886504
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 28, 1998 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon filing
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2655 Fortune Circle West, Suite E-F
Indianapolis, IN 46241
(Street Address of Principal Office)

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

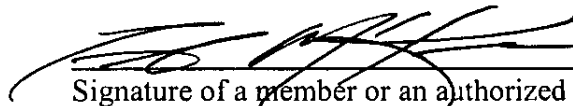
9. The name and usual business addresses of the managing members or managers are as follows:

Accu-Temp GP, Inc. 777 Post Oak Blvd., Suite 500 - Houston, TX 77056

Accu-Temp LP, Inc. 777 Post Oak Blvd., Suite 500 - Houston, TX 77056

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: Mechanical contracting services
including heating, ventilation, air conditioning, plumbing, electrical and other related services.


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.)
Trent McKenna, Vice President

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:

Comfort Systems USA National Accounts, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

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

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation

FL

33324

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.

C T Corporation System

By: _____

(Signature)

Stephanie Allison
Assistant Secretary

\$ 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 INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

COMFORT SYSTEMS USA NATIONAL ACCOUNTS, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 28, 1998, and was in existence or authorized to transact business in the State of Indiana on March 31, 2008.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand
and affixed the seal of the State of Indiana, at the
city of Indianapolis, this Thirty-First Day of March, 2008.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State

1998071673 / 2008033119751

FILED
2008 APR -7 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA