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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 27, 2008

BRIAN HOLIDAY 844 SAILFISH CT PENSACOLA, FL 32507

SUBJECT: ABSOLUTE COMFORT SERVICE, LLC

Ref. Number: W08000039989

We have received your document for ABSOLUTE COMFORT SERVICE, LLC and your check(s) totaling \$130.00. However, the document has not been filled and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 908A00047684

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Absolute Courtont Service (Name of Foreign Limited Liability Company)
Dear Sir or Madam:
The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Absolute Comfort Service LC & & T
Sulf Shift S
Peusa Cola, H 32507
(City/State and Zip Code)
Brau au (80) 49-8639
(Name of Person) (Area Code and Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\sum \$\sum \text{\$\sum \sen \text{\$\sum \text{\$\sin \tex

CR2E123(8/07)

COVER LETTER

1 ...

TO: Registration Section Division of Corporations

SUBJECT: Absolute Confort Service, UC (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:
Brian K. Hosciday (Name of Person) Absolute Confort Service, (Firm/Company) SHO Salfish Confort (Address) Pensalala T 32507 (City/State and Zip Code)
For further information concerning this matter, please call:
Bran K. Holdoy at (850) 449-8659 (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: \$\Bigsim \frac{1}{25.00} \text{ Filing Fee} \text{ Fee} \frac{1}{25.00} \text{ Filing Fee} \text{ \$\Bigsim \frac{1}{25.00} \$\B

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Assorbe 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.
6. (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 844 Sulfiel C
Pausacola L 32 50'7 (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
Brank Holdon
Pensacola, FL 32507
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: HVAC Service.
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.) 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.

Absolute Contort Service Il C
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: Brian K. Holday ACCEPTABLE SEP 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Having been named as registered agent and to accept service of process for the above stated limited

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.

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

Beth Chapman Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Absolute Comfort Service, LLC organized in the office of the Judge of Probate of Baldwin County on May 16, 2008. I further certify that the records do not disclose that said Absolute Comfort Service, LLC has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

September 11, 2008

Date

Beth Chapman

Beth Chapman

Secretary of State