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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : C T CORPORATION SYSTEM

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: (850)222-1092

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### Foreign Limited Liability Company SULLAIR, LLC

Certificate of Status	0
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APR - 8 2013

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CT CORPORATION

#### COVER LETTER

	strution Section ion of Corporations			
SUBJECT: S	Sullair, LLC		<u></u>	
50000011	Na	ne of Limited Liability Compar	у	
The enclosed 'Existence, and	Application by Foreign Limited Liab check are submitted to register the a	nility Company for Anthorization bove referenced foreign limited	n to Transact Business in Florida," Hability company to transact busine	Certificate of ess in Florida
Plonso return s	ill correspondence concerning this ma	utter to the following:		
	Kevin McGlinchey			
,		Name of Person		
	Sullair, LLC			LEAST PARTY
		Firm/Company		-5 -5
3700 B, Michigan Boulevard			型學 亚	
		Address		<b>&amp;</b>
	Michigan City, IN 46360			STATE PLONIDA
		City/State and Zip Code		
•	kevin.meglinehey@hs.utc.com			
	E-mail address: (t	o be used for future munual repo	rt notification)	
For further info	nmation concerning this matter, please	es call:		
Kevin	MoGlinchey	at (860 ) 2	02-9159	
•	Name of Person	Area Code & Daytime Tele	sphone Number	
Division Regist P.O. B Tallah	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	check for the following amount of Filing Fee State of State	& \$\Bar{1}\$155.00 Filing Poo &	S160.00 Filing Fee, Certificate of Status & Certified Copy	

FL037 - 10/03/2019 CT (Syptem Online

### 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 UMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

DMIEDL	IABILITY COMPANY TO TRANSACT BUSINESS	NTHE	STATE OF PLORIDA:		
1. Sullaic,	LLC				
- (Na	me of Foreign Limited Liability Company; mu	ust inclus	le "Limited Liability Company," "L.L.C.,"	or "LLC.")	
					•••
consent of	navailable, enter alternate name adopted for the the managers or managing members adopting "L.L.C," "LLC.")	e purpos the niter	e of transacting business in Florida and att nate name. The alternate name must includ	ach a copy of the wi le "Limited Liability	ritten '
2. Indiana	,		35-1112760		
Z. Include	tion under the law of which foreign limited lin	Бility <sup>З</sup> .	(PR) number, if applicable	0)	
	is organized)		ζ —		~>
4 Novem	bçr 29, 2012	5.	Perpetual	1	2813
7.	(Date of Organization)		(Duration: Year limited liability compa	my will cease to	20 10 10 10 10
			exist or "perpetual")	(A)	<b>⊅</b> ŏ
6	`			5/1/~	ري.
	(Date first transacted busines (See sections 608.501 & 608.5	is in Ploi 102 F.S.	ida, if prior to registration.) o determine penalty liability)		72
2700 E	Michigan Boulevard		, and the second	الله الله الله الله الله الله الله الله	T.
7. <u>3/00 B.</u>	, Michigan Boutevard				<b>33</b>
Michiga	ın City, IN 46360			증류	39
	(Street.A	ddress o	f Principal Office)		
			- December 1		
8. If limit	ted liability company is a manager-man	nag <b>e</b> d o	ompany, check here 🔀		
O The se	me and usual business addresses of the		alaa mambaa ay waxaa aa aa aa aa	diamer.	
7. INC 112	THE WILL ASSIST DUSTINESS WITH CROSS OF THE	a imarraf	sing dictioers of hibringers are as in	июма:	
John J.	Doucette, 3700 E. Michigan Boulevard, Michi	gan City	IN 46360		
				, <u> </u>	
			· · · · · · · · · · · · · · · · · · ·		
-			1		
io. Attached	l is an original certificate of existence, no more th	an 90 da	ys old, duly authenticated by the official havi	ing custody of record	sin
he jurisdicus	on under the law of which it is organized. (A phy	otocopy	snotacceptable. If the certificate is in a forei	ign language, a	
ranslation of	f the certificate under eath of the translator must b	esulmi	ted.)		
1. Natur	of business or purposes to be conduct	ted or p	romoted in Florida:	····	
Sale and	distribution of air compressors				
	レフ			······································	
	#5/Un				
	Signature of a member or a	an auth	orized representative of a member.		
	(In accordance with section 608.408(3)/F.S., th	c executi	on of this document constitutes an affirmation u	inder the	
	penalties of perjury that the facus stated herein document to the Department of State cons	aro true. Attules —	tam aware mai any taise information submithird degree felony as peculided for in a 21.	nitted in a	
	Kevin McGlinchey		and an exerced out he catment tot in 8.21.	r.133, F.B.)	
	Typed or m	inted n	ame of signee		

PL057 - 10/03/3010 C 7 System Callina

## 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	f the Limited Liability C	ompany is:			
Sullair, LLC					
If unevailable,	the alternate to be used i	n the state of Florida is:			
2. The name ar	nd the Florida street addr	ess of the registered agent and office are:		2813	
	C T Corporation System	·	<b>全</b> 將		. m. č.
		(Name)		<u>.</u> 2	garaga E
	1200 South Pine Island Road	L	دی <u>۱</u> ۱ در ا	至	1.44.Ta
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	- 35	ထူ ပဒ္ဒ	
	Plantation	FL 33324	Title .	9	
		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 Chapton 608, Florida Statutes,

CT Corporation System

, , ,

Lice President

\$ 100.00 Filing Fee for Application

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

FL067 - 10/05/2010 C T System Online

# STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, 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

#### SULLAIR, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 27, 1965, and was in existence or authorized to transact business in the State of Indiana on March 01, 2013.

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 First Day of March, 2013.

Corrie Lawson

Connie Lawson, Secretary of State

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