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B. BOSTICK
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EXAMINER

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TON SERVICE COMPANY.	
ACCOUNT NO.	: I2000000195
REFERENCE	: 878551 7785416
AUTHORIZATION	: Spelleran
COST LIMIT	: \$ 125.00
ORDER DATE : November 8, 2013	
ORDER TIME : 2:42 PM	
ORDER NO. : 878551-005	
CUSTOMER NO: 7785416	
FOREIGN F	ILINGS
NAME: HCL MECHANICAI	L SERVICES LLC
XXXX QUALIFICATION (TYPE: LI	
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	
CONTACT PERSON: Susie Knight -	EXT# 52956
	EXAMINER:

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:

HCL MECHANICAL SERVICES LLC (Name of Foreign Limited Liability Company; must in			pany," "L.L.C.," or "	LLC.")
(If name unavailable, enter alternate name adopted for the pur consent of the managers or managing members adopting the a Company," "L.L.C," "LLC.")	rpose of tr alternate n	ansacting business in	n Florida and attach ame must include "L	copy of the writt imited Liability
2. Ohlo	3.	46-3914472		
(Jurisdiction under the law of which foreign limited liability company is organized)	īy ". —		ber, if applicable)	
4. 10/25/2013	5.	PERPETUAL		
(Date of Organization)). <u>(E</u>	Ouration: Year limite tist or "perpetual")	ed liability company	will cease to
6.				
(Date first transacted business in (See sections 608,501 & 608,502 1	n Florida, i F.S. to det	f prior to registration crmine penalty liabi	ı.) lity)	
7. 6182 Clearsky Drive				
Jacksonville FL 32258				155 c
(Street Addre	ress of Pric	ncipal Office)		- 2
8. If limited liability company is a manager-manage	-	•		
 The name and usual business addresses of the m Barbara Howell 6182 Clearsky Drive Jacksonville. 			nagers are as follo	AVS: ~
Barbara Hower O 102 Clearsky Drive Sacksonville.			· · · · · · · · · · · · · · · · · · ·	
10. Attached is an original cartificate of existence, no more than the jurisdiction under the law of which it is organized. (A photo translation of the certificate under cath of the translator must be set 11. Nature of business or purposes to be conducted	tocopy is no submitted	ot acceptable. If the c .)	ertificate is in a foreiq	
				*
Signature of a member or an) authoric	red representative	e of a member	
(In accordance with section 608.408(3), F.S., the c penalties of perjury that the facts stated herein are document to the Department of State constitu	execution of retrue, 1 and tutes a third	f this document consti a nyare that any fals	tutes an affirmation un e information submit	ted in a
Barbara Howell Managing Mer	ember			

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.

	me of the Limited Liability (HANICAL SERVICES LLC	Company is:	
If unavaila	able, the alternate to be used	in the state of Florida is:	
2. The na	me and the Florida street add	lress of the registered agent and office are:	Ā
	Corporation Service Co	mpany	<u>1></u> 1.
(Name)		17.0 17.0 17.0	
	1201 Hays Street		4
	Florida Stre	eet Address (P.O. Box NOT ACCEPTABLE)	7 A. 3 A.
	Tallahassee	FL 32301	70 T
		Chy/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.

Corporation Service Company

Sue G. Knight

Assistant Vice President

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

\$ 5.00 Certificate of Status (optional)

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show HCL MECHANICAL SERVICES LLC, an Ohio For Profit Limited Liability Company, Registration Number 2241539, was organized within the State of Ohio on October 25, 2013, is currently in FULL FORCE AND EFFECT upon the records of this office.

A. 10: 30



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 8th day of November, A.D. 2013.

Ohio Secretary of State

Validation Number: 201331200956