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(Reques	tor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	f Status
Special Instructions to Filing	Officer	
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Office Use Only



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2019 DEC 23 PM 4: 56

MAN 1 0 2014

December 30, 2013

SHELLEY MAYFIELD 840 CRESCENT CENTRE DRIVE, STE 600 FRANKLIN, TN 37067

SUBJECT: BHA ALTAIR, LLC Ref. Number: W13000070346

We have received your document for BHA ALTAIR, LLC and your check(s) totaling \$125.00. However, the document has not been filed 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, duly 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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 313A00029267

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CR2E027 (9/10)

COVER LETTER

то:	Registration Section Division of Corporations						
SUBJE	BHA Altair, LLC						
SOBSE		Name of Lim	ited Liability Compar	ıy			
	closed "Application by Foreign ce, and check are submitted to r						
Please	return all correspondence conce	rning this matter to the	following:				
	Shelley Mayfield						
		. Na	me of Person				
	Clarcor, Inc.						
·		Fi	m/Company				
	840 Crescent Centr	e Drive, Ste 600					
Address				<u> </u>	~>		
	Franklin/TN 37067					30 E1 B	
		City/St	ate and Zip Code		AS:	2 3	Garage Garage
	smayfield@clarcor.c					ယ	8 8
For furt	E-mather information concerning this	ail address: (to be used matter, please call:	for future annual repo	ort notification)	LORIDA STATE	PH 4: 56	
	Shelley Mayfield	``	615 _ at () _	771-3160			
	Name of Per	rson Area	Code & Daytime Tel	lephone Number			
to a g	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registra Clifton 2661 Ex	T ADDRESS: n of Corporations ation Section Building accutive Center Circle ssee, FL 32301				
Enclos		wing amount: 130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing F Certified Copy		iling Fee, Ce & Certified (e

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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1. BHA Altair, 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 wiconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	
2. Delaware 3. 90-1026765	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4. 11/13/2013 5. Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 840 Crescent Centre Drive, Ste 600	-
Franklin, TN 37067	
(Street Address of Principal Office)	RATIONAL
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:	أوربي
Clarcor, Inc.	
840 Crescent Centre Drive, Ste 600 Franklin, TN 37067	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recithe 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.)	ords in
11. Nature of business or purposes to be conducted or promoted in Florida: The sale of industrial	
filtration systems and plastic film membranes.	
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	

Typed or printed name of signee

David Fallon

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 BHA Altair, LLC	of the Limited Liability Company is:			_
If unavailable,	, the alternate to be used in the state of Florida is:			
2. The name a	and the Florida street address of the registered agent and office are:	ASS	2013	_
	Corporation Service Company	20 10 10 10 10 10 10 10 10 10 10 10 10 10	030	
	(Name)		23	Penne
	1201 Hays Street	mo mo mo mo mo mo mo mo mo mo mo mo mo m	70	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	AGINOT.	կ։ 56	
	Tallahassee 32301 FL			
	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: Sylvia Sanchez

(Signature)

Svlvia Sanchez

As istant 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)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BHA ALTAIR, 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 ELEVENTH DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BHA ALTAIR, LLC" WAS FORMED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2013.

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

2018 DEC 23 PM 4: 56

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Jeffrey W Bullock, Secretary of State
AUTHENTICATION: 0971032

DATE: 12-11-13

You may verify this certificate online at corp.delaware.gov/authver.shtml