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(Document Number)				
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411 East Wisconsin Avenue Milwaukee, Wisconsin 53202-4426 Tel 414.277.5000 Fax 414.271.3552 www.quarles.com Attorneys at Law in: Phoenix and Tucson, Arizona Naples and Tampa, Florida Chicago, Illinois Milwaukee and Madison, Wisconsin Washington, DC

Direct Dial: (414) 277-5189 Email: susan.lapinski@quarles.com

July 9, 2014

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

RE: Tecta South Florida Field Services LLC

Dear Sir/Madam:

Enclosed for filing are the following documents regarding the above entity:

- 1. Transmittal cover letter.
- 2. Two copies of Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.
- 3. Certificate of existence issued by the Wisconsin Department of Financial Institutions.
- 4. Check in the amount of \$125 in payment of the filing fees.

Please return a file-stamped copy of the document to me. A postpaid return envelope is provided for your convenience. Thank you for your assistance.

Very truly yours,

Lura Lapink. Susan T. Lapinski Corporate Paralegal

Enclosures 900987,30000

COVER LETTER

TO:

TO:	Registration Section Division of Corporations				
SUBJE	TECTA SOUTH FL				_
		Name of Limited	Liability Company		
				to Transact Business in Florida, iability company to transact bus	
Please 1	return all correspondence conce	rning this matter to the f	following:		
	SUSAN LAPINS				-
		Nai	me of Person		
	QUARLES & BF	RADY LLP			
			m/Company		•
	411 E WISCONS	SIN AVE STE 2350			
			Address		•
	MILWAUKEE, V		ate and Zip Code		
		ECTAAMERICA.CO		notification)	_
	1	s-mail address: (to be used	for future annual report	notrication)	
For furt	ther information concerning this	s matter, please call:			
	SUSAN LAPINSKI		at (414) 2	277-5189	_
	Name of Cor	ntact Person	Area Code	Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registra Clifton E 2661 Ex	of Corporations tion Section Building ecutive Center Circle see, FL 32301		
Enclos		wing amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing For Certified Copy	ee & S160.00 Filing Fee, (of Status & Certified	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," of (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate national Liability Company," "L.L.C," or "LLC.")		_ _ mited
2. WISCONSIN 3. 36-4787855		_
(Jurisdiction under the law of which foreign limited liability (FEI number, if applic company is organized)	able)	
4. N/A	•	-
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
5. 1431 SW 30TH AVENUE	t	-
DEERFIELD BEACH, FL 33442	7 65	
(Street Address of Principal Office)	177	- :
6. 1431 SW 30TH AVENUE) N (N)	T.35
DEERFIELD BEACH, FL 33442	田田	44.
(Mailing Address)	2 0	
7. The name, title or capacity and address of the person(s) who has/have authority to m	-, •	
TECTA AMERICA SOUTH FLORIDA, INC., 1431 SW 30TH AVE, DEERFIELD BI	EACH, FL 33442	2
V 44 ~ A A A		
MBRM		•
- MGILM		
8. Attached is an original certificate of existence, no more than 90 days old, duly authen having custody of records in the jurisdiction under the law of which it is organized. (A pacceptable. If the certificate is in a foreign language, a translation of the certificate under must be submitted)	hotocopy is not	
8. Attached is an original certificate of existence, no more than 90 days old, duly authen having custody of records in the jurisdiction under the law of which it is organized. (A pacceptable. If the certificate is in a foreign language, a translation of the certificate under	hotocopy is not	

DAVID R. REGINELLI, VICE PRESIDENT/ASST. SECRETARY

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:		
TECTA SOUTH FLORIDA FIELD SERVICES LLC		
If unavailable, the alternate 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	5.0	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
PLANTATION FL 33324 City/State/Zip		
Orly dialoguip		
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 60 Statutes. CT CORPORATION SYSTEM By: Megan Morrison Assistant Secretary (Signature)	tment as rovisions of all ar with and	
\$ 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 Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

TECTA SOUTH FLORIDA FIELD SERVICES LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is June 11, 2014.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.

> IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on July 8, 2014.

GEORGE PETAK, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 139648-C78C0462