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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

Account Name : LOWNDES, DROSDICK, DOSTER, KARTOR & REED,

Account Number : 072720000036

Phone : (407)843-4600

Fax Number

(407):843-4444

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address pleasm.

Foreign Limited Liability Company Advantor Systems, LLC

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15 JAN 20 AM 10: 00 2015 JAN 20 AM 10: 00 20

January 6, 2015

LOWNDES, DROSDICK, DOSTER, KANTOR & REED,

SUBJECT: ADVANTOR SYSTEMS, LLC

REF: W15000000670

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover the electronic filing

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please raturn 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.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H15000002723 Letter Number: 315A00000187

& Please dotain onswal 1-515 filingdate thanks.

Page 3

ADVANTOR SYSTEMS CORPORATION 12612 CHALLENGER PARKWAY SUITE 300 ORLANDO FL 32826

January 6, 2015

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, Fl. 32314

Re: Advantor Systems, LLC

Dear Sir/Madam:

Ġ.,

Please be advised that the undersigned H. Todd Flemming, as President of Advantor Systems Corporation, a Florida corporation, hereby consents to the use of the name "Advantor Systems, LLC" and the filing of an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida on behalf of Advantor Systems, LLC in the State of Florida.

Thank you.

Advantor Systems Corporation

By: H. Todd Flemming

îts: President

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CRETARY OF STATE
AHASSEE ET REITE

H15000002723 3

Page 4

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 FOREKON LIMITED LIARITTY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FUCIENTA.

Advantor Systems, LLC	
(Name of Foreign Linuxed Dability Company; must include "Limited Dability Company," "EL.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include Liability Company," "L.L.C." or "L.L.C.")	"Limited
_{2.} Delaware _{3.} 47-2265867	
(Jurisdiction under the law of which foreign limited liability. (FEI number, if applicable) company is organized)	
4. Upon qualification	
(Date first transacted business in Piorida, If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
s. 12612 CHALLENGER PARKWAY, SUITE 300	
ORLANDO FLORIDA 32826	
(Street Address of Principal Office) 6. 12612 CHALLENGER PARKWAY, SUITE 300	
ORLANDO FLORIDA 32826 (Mailing Address)	····
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Infrasafe, LLC, 12612 Challenger Parkway, Suite 300, Orlando, Florida_328	
Member □	2 015
HAS.	JAN -
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the naving custody of records in the jurisdiction under the law of which it is organized. (A photographic acceptable. If the certificate is in a foreign language, a translation of the certificate under oathers the must be submitted)	noi
113017	
Signature of an authorized person In accordance with section 605,0203, F.S., the execution of this document constitutes in affirmation under this penalities of perjury that the facts state im aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in 3.817.155	ed herein are tru (. P.S.)
L. Todd Florming Chief Evenutive Officer	*

H. Todd Flemming, Chief Executive Officer

Typed or printed name of signee

H15000002723-3

LDDKR

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.

	of the Limited Liability Co or Systems, LLC	· · · · · · · · · · · · · · · · · · ·			
If unavailable	e, the alternate to be used in		D C	2015	water St
2. The name and the Florida street address of the registered agent and office are:		AHASSE	JAN -5		
	NRAI Service	S, INC.	, MA	A	
	444 . 3 543 .	ine Island Road	STATE LORID	æ. 3-	C
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	, b ,		
	Plantation	FL 33324			
		City/State/Zlp	•		

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 605, Florida Statutes.

Michale Holden,
Assistant Secretary
(Signment)

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

H15000002723 3

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVANTOR SYSTEMS, 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 SECOND DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVANTOR SYSTEMS, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2014.

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

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You may varify this certificate online at corp, delaware.gov/authvez.shtml

AUTHENTY CATION: 2002584

DATE: 01-02-15

H15000002723 3