M15000006027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

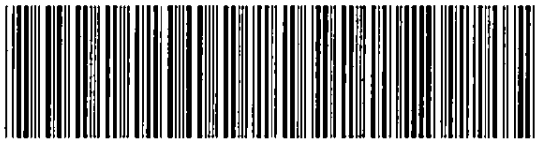
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NCCCO Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas Montelongo
Name of Person

NCCCO Services, LLC
Firm/Company

5250 S. Commerce Dr. Ste 100
Address

Murray, UT 84
City/State and Zip Code

legal.department@ccocert.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas Montelongo at (703) 560-2391 ext. 306
Name of Person — Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ■ $25 Filing Fee
- ☐ $30 Filing Fee & Certificate of Status
- ☐ $55 Filing Fee & Certified Copy
- ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: NCCCO Services, LLC

Enter new principal office address, if applicable: 5250 S. Commerce Dr. Ste 100, Murray, Utah 84107

(***Principal office address MUST BE A STREET ADDRESS***)

Enter new mailing address, if applicable: _____

(***Mailing address MAY BE A POST OFFICE BOX***)

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2. The Florida document number of this limited liability company is: M15000006027

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 7/30/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "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 written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, Florida _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
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 relative 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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Utah

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

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Title/ Capacity	Name	Address	Type of Action
			☐Add
			☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove
			☐Add
			☐Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Thomas Sicklesteel, CEO NCCCO

Typed or printed name of signee

Filing Fee: $25.00

Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, S.M. Box 146705
Salt Lake City, UT 84114-6705
Phone: (801) 530-4849
Toll Free: (877)526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: http://www.commerce.utah.gov

Registration Number: 13765589-0160
Business Name: NCCCO SERVICES, LLC
Registered Date: JANUARY 05, 2024

July 31, 2025

CERTIFIED COPY OF STATEMENT OF DOMESTICATION WITH CERTIFICATE OF ORGANIZATION

THE UTAH DIVISION OF CORPORATIONS AND COMMERCIAL CODE ("DIVISION") HEREBY CERTIFIES THAT THE ATTACHED IS TRUE, CORRECT, AND COMPLETE COPY OF THE STATEMENT OF DOMESTICATION WITH CERTIFICATE OF ORGANIZATION OF

NCCCO SERVICES, LLC

AS APPEARS OF RECORD IN THE OFFICE OF THE DIVISION.

Adam Watson
Director
Division of Corporations and Commercial Code

This form must be type written or computer gen

State of Utah
Department of Commerce
Division of Corporations & Commercial Code
Statement of Domestication

EXPEDITE

Pursuant to UCA § 48-3a-1055 causes this Statement of Domestication to be delivered to the Utah Division of Corporations for filing, and states as follows:

1. **The Statement of Domestication shall state:**

Entity Number: 5780337

First: The name and entity type of the company immediately prior to the filing of the articles of domestication:

Name: NCCCO Services, LLC

Entity Type (LLC, LP, Partnership, DBA, etc.): LLC

Second: The date and state where the company was first created and, if it has changed, its jurisdiction immediately prior to its domestication:

July 7, 2015 (Date of formation) Delaware (State / Jurisdiction)

Third: The name and entity type of the company as set forth in its domesticated entity filing:

Name: NCCCO Services, LLC

Entity Type: LLC Utah (State / Jurisdiction)

Corporation Service Company, 15 West South Temple, Suite 600 Salt Lake City, Utah 84101
Registered Agent address or mailing address for service of process if not qualified as a foreign entity in Utah

Fourth: The plan of domestication was approved in accordance with Utah law or, if a foreign entity, the law of the jurisdiction of its formation:

Fifth: The future effective date of the domestication to the new entity if it is not to be effective upon the filing of the statement of domestication:

_____(MM-DD-YYYY)

Sixth: Under penalties of perjury, I declare that the statement of domestication have been duly approved by the owners of the entity.

Name: Thomas Sicklesteel Signature: [signature]

Title: CEO of NCCCO Date: 25-Jun-2025

2. **Additional filing requirements:** The non-refundable processing fee of $37.00 payable to the State of Utah, and application for new entity must accompany this form. No additional fee for the new application.

Under GRAMA (63G-2-201), all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.

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State of Utah
Department of Commerce
Division of Corporations & Commercial Code
Certificate of Organization (Limited Liability Company)

This form cannot be hand written.

EXPEDITE

Important: Read instructions before completing form

1. Name of Limited Liability Company:	NCCCO Services, LLC
2. Principal office address: Street Address Required PO Box can be listed after Street Address	5250 S. Commerce Dr. Ste 100 (Address) Murray (City) UT (State) 84107 (Zip)

3. The name of the Registered Agent (Individual or Business Entity or Commercial Registered Agent):
Corporation Service Company

The address must be listed if you have a non-commercial registered agent. See instructions for further details.

Address of the Registered Agent: 15 West South Temple, Suite 600
Utah Street Address Required. PO Boxes can be listed after the Street Address

City: Salt Lake City State UT Zip: 84101

4. Signature of Organizer

Signature:

5. Name and Address of Members and/or Managers (optional):	1. Nat'l Commission for the Certification of Crane Operators, Inc. (Name) Manager (Position) 5250 S. Commerce Dr. Ste 100 (Address) Murray (City) UT (State) 84107 (Zip) 2. _____ (Name) _____ (Position) _____ (Address) _____ (City) _____ (State) _____ (Zip)
6. Duration (optional):	✔ The duration of the company shall be perpetual ☐ The duration of the company shall be _____
7. Purpose (optional): Wholly-owned subsidiary of a 501 c(6) non-profit organization.	

Under GRAMA (63G-2-201), all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.

Rev 24

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