M150000010163

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	<u> </u>
	i iiiig Omeor.	
		3

Office Use Only



100277774311

10/08/15--01011--030 **160.00

SECRETARY OF STATE

OCT 0 9 2015

3 MASON

COVER LETTER

TO:	Registration Section Division of Corporation	ons `				
•	ttilityWorks, LLC					
SUBJE	sc1:	Name of	Limited Liability (Company		
					ransact Business in Florida," C ty company to transact busines	
Please	return all correspondence	concerning this matter to the	e following:			
	Jenny Greene					
		N	lame of Person			
		F	Firm/Company	ş- y		
	PO Box 19014	6				
	 		Address			
	Homewood, A	L 35219				
		City/S	State and Zip Code		<u> </u>	
	jgreene@linewo					
Far fir	than information accomin	E-mail address: (to be use	ed for future annual	report no	tification)	
roi iui	ther information concerning Jenny Greene	ig this matter, please call:	205	040.22	42	
		of Contact Person	205 at (Area Code	940-22 _) Day	ytime Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton E 2661 Exc	of Corporations tion Section Building ecutive Center Circle see, FL 32301	
Enclose	ed is a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ıg Fee &	■ \$160.00 Filing Fee, Cert of Status & Certified Copy	ificate

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 Fore						
	eign Limited Liability Company; m	ust include "Limited Lial	pility Company," "L.L.	C.," or "LL	C.")	
	Iternate name adopted for the purpo	ose of transacting busines	s in Florida. The altern	ate name m	ust inclu	de "Limited
ability Company," "L.L.C,"	" or "LLC.")					
Alabama		3. 47-5013672	(FEI number, if app	·		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, il app	iicable)		
n/a - no business yet ti						
-	(Date first transacted busin (See sections 605.0904 & 60.	ness in Florida, if prior to 5,0905, F.S. to determine	registration.) e penalty liability)			
2222 Landside Drive						
Valrico, FL 33594						
	(Street Address of	f Principal Office)				
PO Box 1450				- 	رې	
Valrico, FL 33595					2015	constant
	(Mailing	g Address)			T OCT	- E (
Name and street addray	ss of Florida registered agent: (l	PO Boy NOT accord	able)	AR)	4	-
	Phillip Reynolds	1.0. 10x 1401 accept	avic)	9. 19.	 >	
Name:			_	TARY OF STATE ASSEE. FLORIDA	Ö	O
Office Address:	2222 Landside Drive			87	<u></u>	
	Valrico		, Florida 33594		2.7	
Registered agent's accep	(City)		(Zip co	ode)		
	egistered agent and to accept se	rvice of process for th	e above stated limite pent and caree to ac	d Hability	<i>compai</i> anacite.	I further of
lesignated in this applica o complywith the provisi	ntion, I hereby accept the appoi ions of all statutes relative to th my position as registered agent	e proper and complete	performance of my	duties, an	id I am	familiar w
lesignated in this applica o complywith the provisi accept the obligations of	ation, I hereby accept the appoil ions of all statutes relative to the my position as registered agent (Regi	istered agent's signature)	e performance of my	duties, an	id I am	familiar wi
lesignated in this applica o complywith the provisi accept the obligations of 8. The name, title or cap	acity and address of the person(s	istered agent's signature)	e performance of my	duties, an	d I am	familiar wi
o complywith the provisi accept the obligations of	acity and address of the person(s	istered agent's signature)	e performance of my	duties, an	d I am	familiar wi
designated in this applicated in this applicated or complywith the provising accept the obligations of the control of the cont	acity and address of the person(s	istered agent's signature)	e performance of my	duties, an	nd I am	familiar wi
designated in this applicate of complywith the provision accept the obligations of the control o	acity and address of the person(s	istered agent's signature)	e performance of my	duties, an	nd I am	familiar wi
designated in this applicate of complywith the provision accept the obligations of the second	Reginacity and address of the person(sal Engineer e of existence, no more than 90 of which it is organized. (If the submitted)	days old, duly authentic certificate is in a foreign.	rity to manage is/are:	aduties, an	tody of	records in t
designated in this applicate of complywith the provision accept the obligations of the second	Reginacity and address of the person(sal Engineer e of existence, no more than 90 of which it is organized. (If the submitted)	days old, duly authentic certificate is in a foreign of an authorized perso	rity to manage is/are: cated by the official I gn language, a transla	naving cust	tody of	records in t

Typed or printed name of signee

Jenny R. Greene

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that UtilityWorks, LLC was formed in Walker County, Alabama on September 10, 2015. The Alabama Entity Identification number for this entity is 344-589. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20151006000006256

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

10/6/2015

Date

X 24. Merill

John H. Merrill

Secretary of State