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SECRETARY OF STALLARASSEE S. YOUNG.
S. YOUNG.

COVER LETTER

TO:

Registration Section

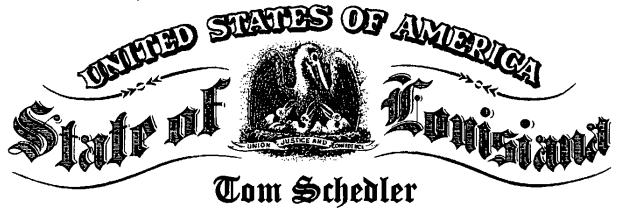
Div	ision of Corporation	S					
SUBJECT:	Service Specialists,	L.L.C.					
	Name of Limited Liability Company						
					nsact Business in Florida," Certificate of company to transact business in Florida		
Please return	all correspondence c	oncerning this matter to the	following:				
	Lisa Ogletree						
	Name of Person						
	Crown Enterprises, L.L.C. Firm/Company						
	PO Box 120						
	Address White Castle, LA 70788 City/State and Zip Code						
	info@cemail.cc						
		E-mail address: (to be used	for future annual	report not	fication)		
For further in	formation concerning	g this matter, please call:			量型		
Lisa Ogletree@cemail.cc 225 545-4471		time Telephone Number 3					
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati Clifton Be 2661 Exe	of Corporations Grid Son			
Enclosed is a	check for the following 125.00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

⁷APPLICATION 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:

	ASINESS IN THE STATE OF FLORIDA;				
Service Specialists, L.I.					(T T C) 10
	eign Limited Liability Company; mus	i inclu	de "Limited Liab	ility Company," "L.L.C.," or	"LLC.")
Service Specialists Louisi				:- F1 ! 1 - T1 k	
iability Company," "L.L.C,	Iternate name adopted for the purpose "or "LLC.")	of trai	isacting business	in Florida. The alternate nam	ne must include "Limited
2. Louisiana		3.	72-1157934		
company is organized)	of which foreign limited liability			(FEI number, if applicable)	· · · ·
Registration Date				·	_
	(Date first transacted busines (See sections 605,0904 & 605,0	s in Fl 0905, 1	orida, if prior to i 3.S. to determine	registration.) penalty liability)	
52410 Clark Rd.					_
White Castle, LA 707	88				
	(Street Address of P	rincipa	ıl Office)		-
PO Box 120					_
White Castle, LA 7078	38				- -
	(Mailing A	ddres	·)		TES OF
7. Name and street addres	ss of Florida registered agent: (P.C	O. Bo:	NOT accepta	ble)	歸重工
Name:	CT Corporation System			ŕ	PILED FILED
Office Address:	1200 South Pine Island Rd.				
	Plantation			Florida 33324	POS S
	(City)			(Zip code)	- 普点 3
lesignated in this applica o complywith the provisi	gistered agent and to accept serve tion, I hereby accept the appoint ons of all statutes relative to the p my position as registered agent.	ment o propei	is registered ag	ent and agree to act in thi	is capacity. I further agree
	(Registe	red ag	ent's signature)		-
8. The name, title or capa Patrick Campesi	acity and address of the person(s)	who h	as/have authori	ty to manage is/are:	
52410 Clark Rd.					 -
White Castle, LA 70788					
	of existence, no more than 90 day of which it is organized. (If the ce ubmitted)				
	Signature	of an a	uthorized person		-
This document is executed submitted in a document to	d in accordance with section 605.00 the Department of State constitut	203 (1 es a tl) (b), Florida S nird degree felo	tatutes. I am aware that any ny as provided for in s.817	r false information .155, F.S.
	Patrick Campesi				

Typed or printed name of signee



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

SERVICE SPECIALISTS, L.L.C.

Domiciled at WHITE CASTLE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on February 15, 1990,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 4, 2015

Certificate ID: 10651692#4PK73

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Secretary of State
Web 34349447K