# Ford Department State Dission of Contractions Letterior line Given sheet

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To;	Division of Corporations Fax Number : (850)61	7-6383	77 CO
From:	Account Number : FCA00000	<del>-</del>	AH 9: 33
	Phone : (850)205 Fax Number : (850)878		*DE_SUDV

\*\*Enter the email address for this business entity to be nused for future annual report mailings. Enter only one email address please the annual report mailings.

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### Foreign Limited Liability Company Advanced Industrial Services LLC

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J. HARRIS

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#### COVER LETTER

TO:	Registration S Division of Co		15				
SUBJE		Industria	Services LLC				
			Name of	Limited Liability	Company		
The end Existen	closed "Applicat ce, and check are	ion by For e submitte	eign Limited Liability Com d to register the above refer	pany for Authoriza enced foreign limi	ation to Tra ted liabilit	ansact Business in Florida," Certificate o y company to transact business in Florid	าร์ ล
Please	eium all corresp	ondence c	oncerning this matter to the	following:			
	John	Borrelli					
			, , , , , , , , , , , , , , , , , , ,	lame of Person		<u> </u>	
	Adva	inced Indu	strial Services LLC				
	<del>,</del> .		f	irm/Company			
	PO B	ox 1268					
				Address			
	Lanc	aster, PA .	7608				
			City/S	State and Zip Code	<u></u>		
	JBorre	lli@irexco	rp.com				
			E-mail address: (to be use	d for future annua	report no	tification)	
For furt	her information	concernin	g this matter, please call:				
	John Borrelli			717 at (	399-52		
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	MAILING AI Division of Co Registration Se P.O. Box 6327 Tallahassee, FI	rporations ection			Division Registrat Clifton B 2661 Exe	F ADDRESS: of Corporations ion Section suilding ecutive Center Circle see, FL 32301	
Enclose	d is a check for S125.00 Fili		ing amount:    \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Filid Certified Copy		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	



FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: ADVANCED INDUSTRIAL SERVICES LLC

REF: W16000054982

August 9, 2016

"RE-MINER" Hoose Indonosijani dule of slintsiun

8/8

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 sheet.

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.

Please return 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.

Yasemin Y Sulker Regulatory Specialist II FAX Aud. #: H16000193295 Letter Number: 016A00016715

### 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:

1. Advanced Industrial Se	rvices LLC ign Limited Liability Company; must include "	Limited Liability Company ""L. C." o	or "LLC")
	Services LLC of Delaware	on poly, allien, a	,
	ternate name adopted for the purpose of transac	ting business in Florida. The alternate na	une must include "Limited
2 Delaware	<sub>1</sub> 26	-3755447	
	of which foreign limited liability	(FEI number, if applicable	<del></del>
4. Upon filing			
	(Date first transacted business in Florid (See sections 605.0904 & 605.0905, F.S.	la, if prior to registration.) to determine penalty liability)	
5 120 North Lime Street			many or the state of the state
Lancaster, PA 17602			
	(Street Address of Principal O	ffice)	CO SMICH
6. PO Box 1268		****	
Lancaster, PA 17602			1000 AND
	(Mailing Address)		
<ol><li>Name and street addres</li></ol>	s of Florida registered agent: (P.O. Box N	IOT acceptable)	<u>ప్ర</u> ట
Name:	C T Corporation System		$arphi_{\pi}^{\pi}$ $\omega$
Office Address:	1200 South Pine Island Road		•
	Plantation	, Florida 33324 (Zip code)	
	(011)	(Zip code)	_
designated in this applicate to complywith the provision accept the obligations of n	sattee; gistered agent and to accept service of pro ion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as registered agent.  C T Corporation System By:	egistered agent and agree to act in ti	his capacity. I further agree
	(Registered agent's	s signature)	Resident Sacretory
8. The name, title or cans-	city and address of the person(s) who has/h	ave authority to manage is/are:	TENSORE DELOCATION
•	r - 120 North Lime Street, Lancaster, PA I		
	120 North Lime Street, Lancaster, PA 1760		
Jason C. Dodd - Manager	- 120 North Lime Street, Lancaster, PA 176	602	,
jurisdiction under the law of the translator must be su  This document is executed	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is bmitted)  Signature of an author in accordance with section 605.0203 (1) (by the Department of State constitutes a third	in a foreign language, a translation of rized person  ), Plorida Statutes, I am aware that an	of the certificate under oath
	Jason C. Dodd		<u> </u>
•	Typed or printed name	of signee	

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ADVANCED INDUSTRIAL SERVICES 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 SIXTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4624149 8300

SR# 20165257826

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jaffrey W. Buffact, Becoming of State

Authentication: 202785602

Date: 08-06-16