M16000006530

(Re	questor's Name)	
· (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	\
(Cit	y/Otate/Zip/Filone #	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	
·		
(00	ocument Number)	
(50	edifferit (valifiber)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
,	J	
		}
<u> </u>		

Office Use Only



400288309134

07/26/16--01063--014 **155.00



NO HARRIS

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	ns				
SUBJECT:	PRO-SURVE TECH	HNICAL SERVICES, L.L.C			,	
	-	Name of	Limited Liability (Company		
					ansact Business in Florida," C y company to transact busines	
Please return	all correspondence	concerning this matter to the	following:			
•	Julia Greenberg	g-Aguilar				
-		N	ame of Person			
	MyUSAcorpor	ation.com				
		F	irm/Company			
	1 Radisson Pla	za, Ste. 800				
			Address			
	New Rochelle					
		City/S	tate and Zip Code		· · · · · ·	
	julia@myusacor	poration.com				
		E-mail address: (to be use	d for future annual	report no	tification)	
For further in	nformation concernin	g this matter, please call:				
Juli	ia Greenberg-Aguilai	r	877 at (330 - 2	677	
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
Div Reg P.O	ALING ADDRESS: rision of Corporations gistration Section b. Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ving amount: \$\Boxed{1} \text{S130.00 Filing Fee & Certificate of Status}\$	■ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2016

JULIA GREENBERG-AGUILAR MYUSACORPORATION.COM 1 RADISSON PLAZA, STE 800 NEW ROCHELLE, NY 10801

SUBJECT: PRO-SURVE TECHNICAL SERVICES, L.L.C.

Ref. Number: W16000052561

We have received your document for PRO-SURVE TECHNICAL SERVICES, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 616A00015873

SECRETARISMENTS AND STATE A

ڊې

APPLICATION BY FOREIGN LIMITED LÍABILITY 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:

PRO-SURVE TECHNI	ICAL SERVICES. L.L.C.	de "Limited Liability Company," "L.L.C.," or			
(Name of Ford	eign Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.C.," or	· "LLC.")		
(If name unavailable, enter al Liability Company," "L.L.C,		nsacting business in Florida. The alternate na	me must includ	e "Lim	ited
2. ^{TX}	3				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)		
4					
	(Date first transacted business in F (See sections 605.0904 & 605.0905.	lorida, if prior to registration.) F.S. to determine penalty liability)			
5. 1265 Butler Rd., Leagu	C'. TV 77673				
-/-				ਨ੍ਹਾਂ	
				S	·
1265 D. d., D.J. I	(Street Address of Principal				er Tall v
6. 1265 Butter Rd., Leagu	te City, TX 77573		— <i>≟2</i>	្យា	
			:1=	7:	4 3
	(Mailing Address	s)	- 7.0	0:11 HV	
7 Name and street address	s of Florida registered agent: (P.O. Bo	v NOT accontable)	골걸	02	
7. Name and street address	_	inor acceptance)	5	. •	
Name:	INCORP SERVICES, INC				
Office Address:	17888 67th Court North				
	Loxahatchee	, Florida <u>33470</u>			
	(City)	(Zip code)	_		
designated in this applica to complywith the provision	gistered agent and to accept service of tion, I hereby accept the appointment ons Of all statutes relative to the proper my position as registered agent.	process for the above stated limited liab as registered agent and agree to act in the r and complete performance of my dutie em's signature)	is capacity.	I furth	er agree
8. The name, title or capa	acity and address of the person(s) who h	nas/have authority to manage is/are:	r		
James Cesarini - (AMBR) - 1265 Butler Rd., League City, TX 77	7573			
Whitney Strickland - (AM	1BR) - 1265 Butler Rd., League City, T	X 77573			
Jim Robinson - (AMBR)	- 1265 Butler Rd., League City, TX 775	573			
jurisdiction under the law of the translator must be si	of which it is organized. If the certifical abmitted) Signature of an a	duly authenticated by the official having the is in a foreign language, a translation of the interest of the i	of the certifica	ite und	
enhanted in a dominant to	the Department of State constitutes and	hird degree felory as provided for in a 21'	IV 14150 HHOIH 7 155 E 0	шион	

Typed or printed name of signee

James Cesarini

Corporations Section P.O.Box 13697 Austin. Texas 78711-3697



Carlos H. Cascos Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Pro-Surve Technical Services, L.L.C. (file number 801826709), a Domestic Limited Liability Company (LLC), was filed in this office on July 30, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 15, 2016.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Carlos H. Cascos

Secretary of State