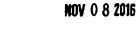
# M160000011

(Requestor's Name)
(Address)
(Address)
(1.031.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
(Comment)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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1016-63832

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2016

GARETT MACDOUGALL 457 S. 4TH AVE BRIGHTON, CO 80601

SUBJECT: ADVANCED AIR CONDITIONING, LLC

Ref. Number: W16000063832

2016 NOV -2 PM 1: 00 SECRETARY OF STATE TALL AHASSEE, FLORIDA

We have received your document for ADVANCED AIR CONDITIONING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 216A00019705

### **COVER LETTER**

Division of Corporation	ns		
SUBJECT: ASVA	ruces Air Com	Aforing LI Limited Liability Company	<u>'C</u>
			ansact Business in Florida," Certificate of y company to transact business in Florida
Please return all correspondence of	concerning this matter to the	following:	
G	vett Mar Day	gall ame of Person	
	drances Air Co		<u></u>
	57 S. 4d	Address	
	appler, Co. City/S	8060/ tate and Zip Code	
	E-mail address: (to be ased	Mail. COM d for future annual report not	ification)
For further information concerning	g this matter, please call:		
Carett N Name o	Michagal of Contact Person	at ( Sode ) Say	time Telephone Nu.
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	of Corporations ion Section milding centive Center Circle see, FL 32301
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ring amount: \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FO COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	JKŁIGN L	<i>IMHE</i>	D LIABILITY
1 Advanced for Conditioning (LC.			
1. / Howard Air Constitution (Name of Foreign Limited Liability Company; muscinclude "Limited Liability Company," "L.L.C.," or "I	LC.")		<del>_</del>
Teld Service Air CCC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name	must inch	ıde "Li	 mited
Liability Company," "L.L.C." or "LLC.")	mast more		
2. Colorado (Jurisdiction under the law of which foreign limited liability)  3. 4/-45(8/9) (FEI number, if applicable)			
company is organized)			
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	1		
5. <u>457 3. 467 166</u>		6	
(Street Address of Principal Office)		AON	*****
6Same as above		2-	<u></u>
	iria Terr	PΗ	771 733
(Mailing Address)	무끄	ယ္	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		<b>52</b>	
Name: Garett Machazall			
Office Address: 1014 Goshev Ro.			
Tarpon Springs . Florida \$34689			
(City) (Zip code)  Registered agent's acceptance:			
Having been named as registered agent and to accept service of process for the above stated limited liability			
designated in this application, I hereby accept the appointment as registered agent and agree to act in this to complywith the provisions of all statutes relative to the proper and complete performance of my duties, a			
accept the obligations of my position as registered agent.			
(Registered agent's signature)			
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:			
6. The name, the of capacity and address of the person(s) who has have admortly to manage is are.  Careft Man Darall - owner			
10416 6	<del></del>		
Torpon Springs, FC. 34689			
1 or por springs, th. 34689			
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having cu jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of t			
of the translator must be submitted)	no comm	cato ai	idor oddi
Signature of an authorized person			
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1	false infoi 55, F.S.	rmatio	n
Garett Mac Squall			
Typed or printed name@f≼ignee			

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

ADVANCED AIR CONDITIONING, LLC

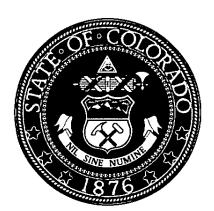
#### is a

### Limited Liability Company

formed or registered on 08/13/2009 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20091434752.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/11/2016 that have been posted, and by documents delivered to this office electronically through 08/12/2016 @ 12:46:33.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/12/2016 @ 12:46:33 in accordance with applicable law. This certificate is assigned Confirmation Number 9785439



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."