Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017

Phone Fax Number

: (800)345-4647 : (800)432-3622

\*\*Enter the email address for this business entity to be used for Eutime annual report mailings. Enter only one email address pleas€?\*\*

Ema	11	Address	:

Foreign Limited Liability Company Orange Industrial Services, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

D. BRUCE APR 0 4 2017

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## COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Orange Industrial Services, LLC						
Name of Limited Liability Company	_					
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida Existence, and check are submitted to register the above referenced foreign limited liability company to transact bu						
Please return all correspondence concerning this matter to the following:						
Name of Person	_					
THE TOTAL CONTRACTOR	<del></del>					
Capitol Services - Corporate Filings Team	ALLU SEI					
Firm/Company	2017 APR Secret Allaha					
	APR - 3 RETARY AHASSE					
206 E 9th St, Ste 1300	ARY ARY					
Address	E P					
Austin TX 78701	FLOR					
City/State and Zip Code	STATE CLORID					
tdholm@man.gov	<b>A</b>					
tdholm@msn.com  E-mail address: (to be used for future annual report notification)	_					
For further information concerning this matter, please call:						
at ( 800 ) 345-4647						
Name of Contact Person Area Code Daytime Telephone Number	_					
MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301						
Enclosed is a check for the following amount:  \$\begin{align*} \begin{align*} \text{\$125.00 Filing Fee} & \text{\$\subset{\$130.00 Filing Fee} & \text{\$\subset{\$Certified Copy}} \end{align*} \$\text{\$\$155.00 Filing Fee} & \text{\$\subset{\$\subset\$\$\subset{\$0.00 Filing Fee} & \text{\$\subset{\$Certified Copy}}} \end{align*} \$\text{\$\$160.00 Filing Fee} & \text{\$\subset{\$\subset\$\$\subset{\$\subset\$}\$} & \text{\$\subset{\$\subset\$}\$} & \text{\$\subset\$}\$} & \text{\$\subset{\$\subset\$}\$} & \$\						

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LUMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Orange Industrial Services, LLC (Name of Foreign Limited Liability Company; mult include "Limited Liability Company," "LLC," or "LLC," (If name unavailable, enter alternate name adopted for the purpose of transacting basiness in Plorida. The alternate name must jackade "Limited." Liebility Company," "L.L.C." or "L.C.") 3 81-5238066 Deleware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) February 23, 2017 (Dote first transacted business in Florids, if prior to registration.). (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1420 Chamber Drive Bartow, PL 33830. (Street Address of Principal Office) 1420 Chamber Drive Bartow, FL:33830 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Mama: 155 Office Plaza Dr Ste A Office Address: Tallehassee (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited flability company at the place designated in this application, I hereby accept the approximent as registered agent and agree to act in this capacity. I further agree to complyielth the provisions of all statutes relative to the proper and complete performance of my duties, and I am fumiliar with and accept the obligations of my position as registered ag Krista Ali, Asst. Secretary on hehalf of Capitol Comorate Services, Inc. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Troy D. Holm, Manager, 9245 County Road 28, Fort Calhoun, Nebraska 68023 9. Attached is a certificate of existence, no more than 90 days old, duly authanticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under onth of the translator must be submitted) ismuture of an authorized person This document is executed in accordance with section 505,0203 (1) (b), Plorida Statutes. I am aware that any laise information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Troy D. Holm

Typed or printed name of signer

## <u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ORANGE 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 THIRD DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORANGE INDUSTRIAL SERVICES, LLC" WAS FORMED ON THE THIRTIETH DAY OF DECEMBER, A.D. 2016.

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

6265623 8300 SR# 20172200260

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

MSIC

Authentication: 202311460

Date: 04-03-17