1110000002913

(Re	questor's Name)					
(Ad	dress)					
(Ad	ldress)					
(Cit	ty/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL.				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of	f Status				
Special Instructions to Filing Officer:						

Office Use Only



500297581615

17 APR -5 AH 6:40

:

THECEIVED

O SIMMONS APR 0.7 2017



FLORIDA DEPARTMENT OF S Division of Corporations

April 6, 2017

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: PHOENIX FABRICATORS AND ERECTORS,

Ref. Number: W17000029181

We have received your document for PHOENIX ERECTORS, LLC and your check(s) totaling \$125.00. However, the choice 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.

The document number of the name conflict is P13007.

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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 117A00006596

DEPARTMENT OF STATE

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

04-06-17

NAME:

PHOENIX FABRICATORS AND ERECTORS, LLC

TYPE OF FILING: APPLICATION FOR AUTHORITY

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

D	Ivision of Corporati	o ns				
SUBJECT		ICATORS AND BRBCTO	rs, llc			
		Name	of Limited Liability	Company		
					ransact Husiness in Florida," Cer ity company to transact business	
Please retu	m all correspondence	concerning this matter to the	be fallowing:			
	JILL PROBS	r				
	*************************************		Name of Person		**************************************	
	ISK					
Firm/Company						
	145 BAKER	ST				
			Address		***************************************	
	MARJON, Ö	1 1O 43302				
		City	State and Zip Code			
	TIM. YOHLBR	@PHOENIXTANK.COM				
		E-mail address: (to be us	ed for future annual	report no	Uffication)	
For turther i	nformation concerni	ng this matter, please call;				
nı	l probst		740	387-6	306	
	Name	of Contact Person	Area Code	Da	ydime Telephone Number	
Div	ILING ADDRESS			Division	r ADDRESS: of Corporations	
P,Č	gistration Section). Box 6327			Clifton E	tion Section Building	
Tai	lahassee, FL 32314				coutive Center Circle see, PL 32301	
	check for the follow		5 0144 00 *****		5	
m 1	125.00 Filing Fee	Certificate of Status	S155.00 Filin Certified Copy	g Foc &	□ \$160.00 Filing Fee, Certifice of Status & Certified Copy	atc



April 6, 2017

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Phoenix Fabricators and Erectors, Inc. has recently changed from an s-corporation to a limited liability company. The company is now known as Phoenix Fabricators and Erectors, LLC, therefore, we will no longer be using Phoenix Fabricators and Erectors, Inc. as the company name.

Timothy F. Yohler President/CEO

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: PHOENIX FABRICATORS AND ERECTORS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") INDIANA (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized). **UPON FILING** (Date first transacted business in Florids, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 182 S CO RD 900 E, Avon, IN, 46123, USA (Street Address of Principal Office) (Molling Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address: , Floride 33324 Plantation (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
NRAI 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: TIMOTHY F. YOHLER. PRESIDENT/CBO 182 S. CR 900 B AVON, IN 46123 MATTHEW CORNACCHIONE III. SEC/TREAS 182 S. CR 900 E AVON, IN 46123 JONATHAN R. DIOXON. VICE PRES 182 S. CR 900 E AVON, IN 46123 Nunt Truller Vice PMS 1925. CR 900 E Avon, In 44123
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated 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 oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Florids Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

TIMOTHY F. YONGER

Typed or printed name of signee

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

PHOENIX FABRICATORS AND ERECTORS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 07, 1986, and was in existence or authorized to transact business in the State of Indiana on April 03, 2017.

I further certifly this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 03, 2017

Corrie Famon

CONNIE LAWSON
SECRETARY OF STATE

198605-237 / 2017268635

Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate