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Division of Corporations Fax Number : (850)617-6383 From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (512)418-6949 Phone Fax Number : (954)208-0845

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

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## Foreign Limited Liability Company Industrial Connections & Solutions LLC

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K. SALY MAY - 8 2017

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

•	IN FLO	DRIDA	
	THON 605,0902, FLORIDA STATUTES, THE FO USINTSS IN THE STATE OF FLORIDA:	LLOIVING IS SUBMITTED TO REGISTER A	FOREIGN LIMITED LIABILITY
1. Industrial	l Connections & Solutions LLC	•.	
(Name of For	eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or	*I.I.C.**)
Liability Company," "L.L.C,  2. Delaware (Jurisdiction under the law	Hernate name adopted for the purpose of transi "or "LLC.")  3. of which foreign limited liability	acting business in Florida. The alternate nam (FEI number, if applicable)	
company is organized)	A.C. C. DOLD		
4.	May 5, 2017 (Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S	ida, if prior to registration.) , to determine penalty liability)	دىم
5. 4200 Wildwood	Parkway, Atlanta, GA 30339		Fig.
			FILEUM -5 PHZ:
	(Street Address of Principal C	Mice)	語・下
6. <u>4200 Wildwood</u>	Parkway, Atlanta, GA 30339		SEE 5 IT
			mg 3 C
<del></del>	(Mailing Address)	<u> </u>	FILE SI
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	1 To
Name:	C T Corporation System		T <sup>2</sup>
•	1200 South Pine Island Road		
Office Address:	Plantation	37324	
•	(Clty)	, Florida 33324 (Zip code)	
designated in this applicate to complywith the provisi	ntance: egistered agent and to accept service of pi uton, I hereby accept the appointment as ions of all statutes relative to the proper a my position as registered agent.  C. T. Corporation Systems (Registered agent	ocess for the above stated limited liabil registered agent and agree to act in thi nd complete performance of my dutics,	s capacity. I further agree
8. The name, title or capa	acity and address of the person(s) who has	/have authority to manage is/are:	
Raquel daFonse	ca, Secretary		
4200 Wildwood	l Parkway, Atlanta, GA 30339		
		·	<del></del>
jurisdiction under the law of the translator must be s	Signature of an out	is in a foreign language, a translation of	the certificate under oath
submitted in a document to	d in accordance with section 605,0203 (1) to the Department of State constitutes a thir	d degree felony as provided for in s.817.	1155, F.S.
	Raquel daFon Typed or printed na		
	-A beg at friction on	<del></del>	

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "INDUSTRIAL CONNECTIONS & SOLUTIONS

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 FOURTH DAY OF MAY, A.D. 2017.

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

2011 HAY -5 PH 12: 15
SEURETARY OF STATE
SEURETARY OF STATE

6387505 8300 SR# 20173103169

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

Authentication: 202488861

Date: 05-04-17