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| •                    | (Requestor's Name)       |
|----------------------|--------------------------|
|                      | (Address)                |
|                      | (Address)                |
|                      | (City/State/Zip/Phone #) |
| PICK-UF              | P WAIT MAIL              |
|                      | (Business Entity Name)   |
| <u></u>              | (Document Number)        |
| Certified Copies     | Certificates of Status   |
| Special Instructions | to Filing Officer:       |
|                      |                          |
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TO: Registration Section **Division of Corporations** 

InterClean Equipment, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

| Claudia Springgay         |  |
|---------------------------|--|
| Name of Person            |  |
| InterClean Equipment, LLC |  |
| Firm/Company              |  |
| 709 James L. Hart Parkway |  |
| Address                   |  |
| Ypsilanti, MI 48197       |  |
| City/State and Zip Code   |  |
| sales@interclean.com      |  |

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Springgay

Name of Contact Person

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:

□ \$125.00 Filing Fee

□ \$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, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| DELAWARE  | iame adopted for the purpose of transacting outsines   | ss in Florida. The alternate name must include "Limited I   | iability Company," "L.L.C." or "LLC.")  |
|---|--|---|---|
|   |  | 3. 38-2559340   |   |
| (Jurisdiction under the law of w  | hich foreign limited liability company is organized)   | ) (FEI nu   | mber, if applicable)  |
|   |  |   | · <del></del>   |
|   | (Date first transacted business in Florida, if a<br>(See sections 605.0904 & 605.0905, F.S. to   | prior to registration ) determine penalty liability)  |   |
| 709 James L. Hart   |  | <sub>6.</sub> 709 James L. Hart Pa  |   |
| (Street Address of Principal Office)  |  | (Mailing A  | ddress)   |
| Ypsilanti, MI 48197   |  | Ypsilanti, MI 48197   |   |
| Name and street addre   | ss of Florida registered agent: (P.O   | ). Box NOT acceptable)  |   |
| Name:   | Registered Agents, Inc.  |   |   |
| Office Address:   | 3030 N. Rocky Point Dr., STE   | E 150A  |   |
|   | Tampa  | , Florida 33607   |   |
| aving been named as re  | egistered agent and to accept service  | ce of process for the above stated limit<br>nent as registered agent and agree to a   | ed liability company at the plo<br>ct in this capacity of further a                                   |
| aving been named as re<br>signated in this applica<br>comply with the provis  | egistered agent and to accept servication, I hereby accept the appointm  | nent as registered agent and agree to a<br>proper and complete performance of m   | ct in this capacity <u>; i</u> further a  |
| signated in this applica<br>comply with the provis  | egistered agent and to accept service<br>ation, I hereby accept the appointm<br>sions of all statutes relative to the p<br>as of my position as registered agen<br>Bill Havre  | nent as registered agent and agree to a<br>proper and complete performance of m   | ct in this capacity <u>; i</u> further a  |
| aving been named as resignated in this application comply with the provised accept the obligation   | egistered agent and to accept servication, I hereby accept the appointminions of all statutes relative to the pass of my position as registered agen  Bill Havre (Registered   | ment as registered agent and agree to a proper and complete performance of mont.  agent's signature)  | ct in this capacity I further of y duties, and I am familiar w  |
| aving been named as rasignated in this application comply with the provised accept the obligation   | egistered agent and to accept servication, I hereby accept the appointminions of all statutes relative to the pass of my position as registered agen  Bill Havre (Registered   | ment as registered agent and agree to a proper and complete performance of mant.  | ct in this capacity I further of y duties, and I am familiar w  |
| aving been named as resignated in this application comply with the provised accept the obligation.  The name, title or cap  | egistered agent and to accept service ation, I hereby accept the appointment of all statutes relative to the person as registered agen  Bill Havre (Registered accity and address of the person(s) we  | ment as registered agent and agree to a proper and complete performance of ment.  agent's signature)  who has/have authority to manage is/are                     | ct in this capacity I further a y duties, and I am familiar w   |
| tying been named as resignated in this application comply with the provised accept the obligation.  The name, title or cap  Title or Capacity:  | egistered agent and to accept servication, I hereby accept the appointming of all statutes relative to the plus of my position as registered agent (Registered accity and address of the person(s) was not a service of the person | ment as registered agent and agree to a proper and complete performance of ment.  agent's signature)  who has/have authority to manage is/are  Title or Capacity: | ct in this capacity if further of y duties, and I am familiar w                                       |
| aving been named as resignated in this applicated in this application with the provised accept the obligation.  The name, title or capacity:  | egistered agent and to accept service ation, I hereby accept the appointment of all statutes relative to the pass of my position as registered agent with the pass of my position as registered agent (Registered accity and address of the person(s) was Name and Address:  Greg Harvey   | ment as registered agent and agree to a proper and complete performance of ment.  agent's signature)  who has/have authority to manage is/are  Title or Capacity: | of in this capacity of further of y duties, and I am familiar w  Name and Address:  Claudia Springgay |
| aving been named as resignated in this applicated in this applicated in the provised accept the obligation.  The name, title or caparity:  V.P.   | egistered agent and to accept service ation, I hereby accept the appointment on sof all statutes relative to the pass of my position as registered agent Bill Havre (Registered agent accity and address of the person(s) was Name and Address:  Greg Harvey  709 James L. Han Parkwy  Ypanianu, MI 48197  | ment as registered agent and agree to a proper and complete performance of ment.  agent's signature)  who has/have authority to manage is/are  Title or Capacity: | of in this capacity if further of y duties, and I am familiar w  Name and Address:  Claudia Springgay |
| aving been named as resignated in this applicated in this application of accept the obligation.  The name, title or cap  Title or Capacity:   | egistered agent and to accept service ation, I hereby accept the appointment of the person of all statutes relative to the person of my position as registered agent  Bill Havre————————————————————————————————————   | ment as registered agent and agree to a proper and complete performance of ment.  agent's signature)  who has/have authority to manage is/are  Title or Capacity: | of in this capacity if further of y duties, and I am familiar w  Name and Address:  Claudia Springgay |
| aving been named as resignated in this applicated in this applicate comply with the provised accept the obligation.  The name, title or caparity:  V.P.   | egistered agent and to accept service ation, I hereby accept the appointmations of all statutes relative to the plus of my position as registered agent (Registered agent)  Bill Havre (Registered agent)  Registered address of the person(s) was Name and Address:  Greg Harvey  709 James L. Hart Parkwy  Уранарт, MI 48197  Kelly Duquet   | ment as registered agent and agree to a proper and complete performance of ment.  agent's signature)  who has/have authority to manage is/are  Title or Capacity: | Name and Address: Claudia Springgay   |
| tving been named as resignated in this applicated in this applicate comply with the provised accept the obligation.  The name, title or caparity:  V.P.  HR Manager   | egistered agent and to accept servication, I hereby accept the appointminers of all statutes relative to the plan of my position as registered agent Bill Havre————————————————————————————————————  | ment as registered agent and agree to a proper and complete performance of ment.  agent's signature)  who has/have authority to manage is/are  Title or Capacity: | Name and Address: Claudia Springgay   |
| aving been named as resignated in this applicated in this applicated in this application of the comply with the provised accept the obligation.  The name, title or caparity:  V.P.  HR Manager  Jse attachments if necessary acceptificated. | egistered agent and to accept service ation, I hereby accept the appointminens of all statutes relative to the plus of my position as registered agent Bill Havre—  Bill Havre—  Registered agent (Registered agen | ment as registered agent and agree to a proper and complete performance of ment.  agent's signature)  who has/have authority to manage is/are  Title or Capacity: | Name and Address: Claudia Springgay 709 James L. Han Parkway Ypsilanti, Mi                            |
| aving been named as resignated in this applicated in this applicated in this application of accept the obligation.  The name, title or capacity:  V.P.  HR Manager  Jes attachments if necestication under the law                            | egistered agent and to accept service atton, I hereby accept the appointmations of all statutes relative to the plus of my position as registered agent (Registered agent (Registered agent (Registered agent (Registered address))  Agents and Address:  Greg Harvey  709 James L. Hart Parkwy  Ypallantl, MI 48197  Kelly Duquet  709 James L. Hart Parkway  Ypallantl, MI 48197  ssary)  e of existence, no more than 90 days of which it is organized. (If the cersubmitted)   | agent's signature) who has/have authority to manage is/are Title or Capacity: Sales Manager   | Name and Address: Claudia Springgay 709 James L. Han Parkway Ypsilanti. MI                            |

Typed or printed name of signee

Janet Stanke

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERCLEAN EQUIPMENT, 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 TENTH DAY OF APRIL, A.D. 2017.

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

6330834 B300 SR# 20172395336

You may verify this certificate online at corp.dalaware.gov/authwar.shtml

Japany & Carell, Survey of State

Authentication: 202353524

Date: 04-10-17