

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

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

Email Address: arnold.sobral@qualitymodularservices.com

2017 NOV 21 AM 11:01

Foreign Limited Liability Company
Quality Modular Services, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

17 NOV 21 AM 9:39

FILED

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Quality Modular Services, LLC
(Name of Foreign Limited Liability Company, may include "Limited Liability Company," "L.L.C.," or "LLC")

If name unavailable, use alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC."

2. New York 3. 474302979
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4.
(Principal place of business in Florida, if principal location)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6401 Southwest 7th St 6. 6401 Southwest 7th St
(Street Address of foreign office) (Mailing address)

Margate, FL 33068 Margate, FL 33068

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Arnold Sobral
Office Address: 6401 Southwest 7th St
Margate, Florida 33068
(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 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 comply with 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

[Signature]

(Registered agent's signature)

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Row 1: AMBR, Arnold Sobral, 6401 Southwest 7th St, Margate, FL 33068.

(Use attachments if necessary)

8. 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)

9. This document is executed in accordance with section 605.003(1)(b), Florida 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.17.155, F.S.

[Signature]
Signature of authorized person

Arnold Sobral

(Typed or printed name of signer)

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**State of New York
Department of State } ss:**

I hereby certify, that QUALITY MODULAR SERVICES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/15/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 20th day of November two thousand and seventeen.

A handwritten signature in black ink, appearing to read "B. Fitzgerald", is written over a faint horizontal line.

Brendan W. Fitzgerald
Executive Deputy Secretary of State