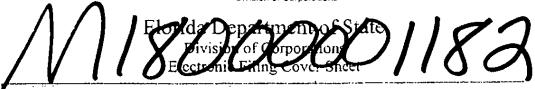
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Division of Corporations



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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : BUSINESS.FILINGS (4: 5) Account Number : 105256001620 Phone : (608)827-5300 : (608)827-5501 Fax Number \*\*Enter the email address for this business entity to be used for future \*\*\* annual report mailings. Enter only one email address please.\*\* Email Address:\_\_\_

Foreign Limited Liability Company

## Utilant, LLC Certificate of Status Certified Copy Page Count FEB 0 2 2018 \$125.00 Estimated Charge

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## 4180000402783

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

	TION 605.0902, FLORIDA STATUTES, THE FOLLO SINESS IN THE STATE OF FLORIDA:	NITING IS SUBMITTED TO REGISTER A FORE	GON TIVILED TYBITLI.
, Utilant, LLC			
(Name of Fore	ign Limited Liability Company: must melide "Li	united Lubility Company," "L.L.C.," or "L.C.	.)
(H mune mavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpose of transaction "ILC")	ng business in Florida. The alternate name um	st include "Limited
2. New York		-2489609	
combany, is organized) (paistiction mater the law	of which foreign limited liability	(FEI number, if applicable)	
4. 1-29-2018			
. 1738 Elmwood Ave	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to Suite 104, Buffaio, New York 14207	determine penalty liability)	
š. <u></u>			_,\
	(Street Address of Principal Offi	(6)	
6	Suite 104, Buffalo, New York 14207		A (2)
		3.	V / (3
<del></del> .	(Mailing Address)	<u> </u>	
7 Name and street address	s of Florida registered agent: (P.O. Box <u>NC</u>	T accentable)	
<del>-</del>	Business Filings Incorporated	(1) acceptance	جب دن
Name: Office Address:	1200 South Pine Island Road	<del></del>	
Office Marietta	Plantation		
	(City)	. Florida 33324 (Zip code)	
designated in this applica to complywith the provisi	gistered agent and to accept service of proc- tion, I hereby accept the appointment as reg ons of all statutes relative to the proper and my position as revistered agent.	istered agent and agree to act in this cap complete performance of my duties, and	pacity. I further agree t I am familiar with and
	(Registered agent's	ignetite) Mark Williams, A.V.P., Busin	ness Filings Incorporated
8. The name, title or capa	ncity and address of the person(s) who has/ha	ve authority to manage issare:	
Member: Patrick Davis	, 1738 Elmwood Ave Suite 104, Buffalo, 2	New York 14207	
9. Attached is a certificate jurisdiction under the law of the translator must be st	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is aboutted)	authenticated by the official having custom a foreign imaginge, a translation of the	ody of records in the certificate under oath
	Signature of an author	ized person	
This document is executed submitted in a document to	f in accordance with section 605,0203 (1) (b) of the Department of State constitutes a third d	. Florida Statutes, I annaware that any fals legree felony as provided for in s.817.155	e information , F.S.
	Patrick Davis, Member		
	Typed or printed name	of signes	

## State of New York Department of State

**SS:** 

I hereby certify, that UTILANT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/07/2005, 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 05th day of January two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

201801080409 \* 29