# M 18000002-127

(Requestor's Name)						
(Address)						
(Address)						
(/ National)						
	10					
(City/State/Zip/Phone #)						
	□ MAZAIT	[				
☐ PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Dr	cument Number)					
(	,					
	- 40					
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
g constant						
i						
		İ				

Office Use Only



800309905528

MECRETARY OF STATES

FILED NAR -1 PH 9:35

RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE: 091843 8047538

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: March 1, 2018

ORDER TIME : 3:12 PM

ORDER NO. : 091843-005

CUSTOMER NO: 8047538

#### FOREIGN FILINGS

NAME: A2Z FIELD SERVICES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

#### **COVER LETTER**

Division of Corpor				
SUBJECT:	122 Field Se	ervices LL	<u>C</u>	
	Name of	Limited Liability Comp	pany	
			to Transact Business in Florida," Certificate of ability company to transact business in Florida.	
Please return all corresponde	nce concerning this matter to the	following:		
***************************************	Allen Marke	arian		
	N	lame of Person		
#W\$# \ullin \ull	AQZ Field			
	F	irm/Company		
	7450 Industria	1 Park way,	Ste 105	
	Plain City	oH 43064	,	
<del></del>	dity/S	itate and Zip Code		
	a markarian E-mail address: (to be use			
The or Court of the court of th				
For further information conce	erning this matter, please call:			
Allen N	Carkarian	at ( <u>4/4</u> )	733-7236  Daytime Telephone Number	
i va.	nie of Contact Person	Alea Code	Daytime Telephone Number	
MAILING ADDRE Division of Corporate			REET ADDRESS: ision of Corporations	
Registration Section		Registration Section		
P.O. Box 6327 Tallahassee, FL 323	14	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the fo	llowing amount:			
西S125.00 Filing Fe		□ \$155.00 Filing Fee Certified Copy	e & S160.00 Filing Fcc, Certificate of Status & Certified Copy	

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

	TTION 605.0902, FLORIDA STATUTES, THE FO USINESS INTHE STATE OF FLORIDA:	ILLOWING IS S	UBMITTED TO REGISTE	R A FOREIGN LIMITED LIABILITY
1. A22 (Name of Foreign	Field Services Limited Limited Limited Limited Limited	Liability Compa	any," "L.L.C.," or "LLC.")	
(If name unavailable enter alternate	name adopted for the purpose of transacting business in Flori-	da. The alternate na	me must include "Lunited Liabil	ity Company," "L.L.C," or "LLC.")
2. (Junsdiction under the law of w	thich foreign limited liability company is organized)	3	31-1756020 (FEI number	, if applicable)
4	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration )		***************************************
7457 11			A a	2016
S. 7730 May (Street Address of	Strial PKW1	6	PO Box (Mailing Addres	35/13
Ste	105	<del></del>	Dublin 0	H 43016-3215
Plain Ci	105 ty of 43064			
7. Name and street address Name:	ss of Florida registered agent: (P.O. Box )  Corporation Service Company	NOT accepta	ble)	THE
Office Address:	1201 Hays Street			SEGN -
	Tallahassee		, Florida 32301 (Zip code)	70 7
Registered agent's accep	(City)		(Zip code)	
to comply with the provisi	tion, I hereby accept the appointment as a ions of all statutes relative to the proper a s of my position as registered agent.  Corporation Season Company  By:  (Registered agent's significant or statement of the company)	nd complete	ent and agree to act in performance of my du	this capacity. I further agree ties, and I am familiar with Roxanne Turner Asst. Vice President
8. The name, title or capa <u>Title or Capacity:</u>	ncity and address of the person(s) who has/ Name and Address:	have authorit Title or C		Name and Address:
President/CEU	Amie Sparks 7450 Industrial Phys Plais Cay Cd 43004	<u> </u>	<del></del>	
Controller	Allen Markerian 7750 imbotral fact Pair city 24 43044			
(Use attachments if necess	sary)			
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 days old, du of which it is organized. (If the certificate is builted)	ly authentica is in a foreign	ted by the official havi language, a translation	ng custody of records in the n of the certificate under oath
10. This document is exect submitted in a document to	ated in accordance with section 605.0203 ( the Department of State constitutes a third  Millian Markania  Allen Markania	l degree felon	v as provided for in s.8	hat any false information 17.155, F.S.
	Signanure of a	an authorized perso	n	
	Allen Markaria	A mine of signer	*	_

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show A2Z FIELD SERVICES, LLC, an Ohio Limited Liability Company, Registration Number 1210416, was organized within the State of Ohio on February 16, 2001, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 1st day of March, A.D. 2018.

Ohio Secretary of State

for Huster

Validation Number: 201806002122