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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 095765 7665332

MBI BRENCE . 093763 766533

COST LIMIT : \$ 125,00

AUTHORIZATION :

ORDER DATE : March 5, 2018

ORDER TIME : 2:41 PM

ORDER NO. : 095765-005

CUSTOMER NO: 7665332

## FOREIGN FILINGS

NAME: FRONTIER SERVICE DESIGN, 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# 62925

EXAMINER:

## 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: Frontier Service Design, LCC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.") (If name unavailable, enter aheruste name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") Delaware
(Jurisdiction under the law of which foreign himsted liability company is organized) 4. Upon filma
((Data first unusacted business in Florida, if prior to registration.)
((See sections 605.0904 & 605.0905, F.S. to determine penalty hability.) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hayes Street Office Address: Tallahassee , Florida 32301. 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 further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I amfumiliar with and accept the obligations of my position as registered agent. **Emily Croft** Asst. Vice Presiden 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity; Name and Address: Title or Capacity: Name and Address: 124 Charleston Hunt De Phoenixult PA 19460 Robert T. Gooder (Use attachments if necessary) 9. 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) 10. This document is executed in accordance with section 605.0203 (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.817.155, F.S. Robert T, Cooper
Typed or Printed name of signer

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

DELAWARE, DO HEREBY CERTIFY "FRONTIER SERVICE DESIGN, 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 FIFTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRONTIER SERVICE DESIGN, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2008.

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

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Authentication: 202256243

Date: 03-05-18

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