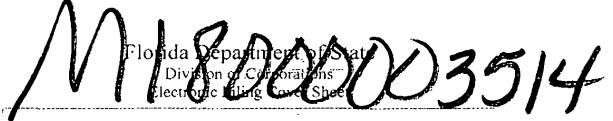
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001147653)))



Note: DO NOT	rowser from this a	<u> </u>	
îo:	Division of Composations Fax Number : (850)617-6383	(c)	
ຕົນເວດສະ	Account Name : COGENCY GLOBAL INC.	~	വ ശ സ

Account Number : 1/2000000008 Phone : (800)223,-0102 : (800)944-6607

\*\*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

## **EQUIPSYSTEMS, LLC** Certificate of Status Ü Certified Copy 0 Page Count 01 Estimated Charge \$125.00

Electronic Filing Menu — Corporate Filing Menu

SHOMMIS GISH

APR 1 2 2018 4/11/2018

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

(Name of Formar)	EQUI Limited Clability Company; must include	PSYSTEMS, LLC		·/···	
Traine of Correspo				.C.")	
f name univailable, onter alternate in	equipoystems He time adopted for the purpose of transacting but	saltheare Managemer		d Liability Company, "T. 1, C." or "I.	ic n
	Delaware	3		1696156	,
Chiristic tion gister the law of all	nch foreign liquied liability company is organiz	red)	तः।	number, if applicable)	_
	January 1,				
	(Date first transacted husiness in Florida, (Not sections till) 1994 & 1915,0903, F.S.	to de termine penalty liabilit	y)		
EOUIPSY  (Nited Address of B	STEMS, LLC	6		STEMS, LLC	_
	Street, 5th Floor		-	Address) Street, 6th Floor	
New York	L NY 10018	*******		k, NY 10016	-
	<del></del>			5°40 60	_
Name and street address	of Florida registered agent: (P,	O. Box. NOT accen	itable)	<u> </u>	
	COGENCY GLO	•	(40.0)	<b>题</b> 多	ا ا ا ا
Name:	COGENCT GLO	DAL INC.	<del></del>		T.
Office Address:	115 North Calhoun S	treet. Suite 4	<del></del>		F
	Tallahasse	ee .	_ , Florida32:	301 宣帝 至	67.
		to a self married and Care of		·····································	٦,
signated in this application comply with the provision	istereu agent and to accept serv on, I hereby accept the appoint us of all statutes relative to the p of my pasition as registered age	ment as registered a proper and complet	igent und agree to a	ted liability company of list in this capacity. I further the familiary duties, and I am familiary	her a
signated in this application comply with the provision of accept the obligations of the control of the name, title or capacity	on, I hereby accept the appointing of all statutes relative to the position as registered age  ACLUE  (Representity and address of the person(s) v	ment as registered a proper and complet nt. come Acod. typon's squame)	igent und agree to i e performance of n En 1984	ict in this capacity. I furt ty duties, and I am famili	her a
signated in this application comply with the provision of accept the obligations of accept the obligations of accept the obligations.	on, I hereby accept the appointing of all statutes relative to the position as registered age	ment as registered a proper and completent.  The Mark Acoustic Aco	igent und agree to i e performance of n En 1984	ict in this capacity. I furt ty duties, and I am famili	her a ar wi
signated in this application comply with the provision of accept the obligations of the control of the name, title or capacity	on, I hereby accept the appointing of all statutes relative to the position as registered age  ACLUE  (Representity and address of the person(s) v	ment as registered a proper and completent.  The Mark Acoustic Aco	igent und agree to a e performance of n En Green ity to manage is/are	ict in this capacity. I furt ty duties, and I am famili	her a ar wi
signated in this application comply with the provision of accept the obligations.  The name, title or capacity:	ity and address:  Chris Wilkerson	ment as registered a proper and completent.  The Almanue of speni's agranue) who has have author Title or	igent und agree to a e performance of n En Green ity to manage is/are	ict in this capacity. I furt ty duties, and I am famili	her a ar wi
esignated in this application comply with the provision of accept the obligations.  The name, title or capacity:	on, I hereby accept the appoints us of all statutes relative to the post my position as registered age  ATALLE  (Repurescoity and address of the person(s) v  Name and Address;  Chris Wilkerson	ment as registered a proper and completent.  The Almanue of speni's agranue) who has have author Title or	igent und agree to a e performance of n En Green ity to manage is/are	ict in this capacity. I furt ty duties, and I am famili	her a ar wi
esignated in this application comply with the provision of accept the obligations.  The name, title or capacity:	ity and address:  Chris Wilkerson	ment as registered a proper and completent.  The Almanue of speni's agranue) who has have author Title or	igent und agree to a e performance of n En Green ity to manage is/are	ict in this capacity. I furt ty duties, and I am famili	her a ar wi
signated in this application comply with the provision of accept the obligations.  The name, title or capacity:  Owner	ity and address of the person (s) Name and Address;  Chris Wilkerson  13 East Store Stores Carl Runga  13 Carl Runga	ment as registered a proper and completent.  The Alman Arman appears a spent of appears appears a proper a prop	igent und agree to a e performance of n En Green ity to manage is/are	ict in this capacity. I furt ty duties, and I am famili	her a ar wi
signated in this application comply with the provision of accept the obligations.  The name, title or capacity of Capacity:  Owner  President	ity and address of the person(s) \ Name and Address;  Chris Wilkerson  12 East 30m Super, 50m blood  Carl Runga  13 Carl Super Bry 10018	ment as registered a proper and completent.  The Alman Arman appears a spent of appears appears a proper a prop	igent und agree to a e performance of n En Green ity to manage is/are	ict in this capacity. I furt ty duties, and I am famili	her a ar wi
esignated in this application comply with the provision of accept the obligations.  The name, title or capacity:	on, I hereby accept the appoints us of all statutes relative to the post my position as registered age  ATALLE  (Repurescoity and address of the person(s) v  Name and Address;  Chris Wilkerson	ment as registered a proper and completent.  The Almanue of speni's agranue) who has have author Title or	igent und agree to a e performance of n En Green ity to manage is/are	ict in this capacity. I furt ty duties, and I am famili	he. ur
olymated in this applicationally with the provision of accept the obligations.  The name, title or capacity:  Owner  President	ity and address of the person(s) \ Name and Address;  Chris Wilkerson  12 East 30m Super, 50m blood  Carl Runga  13 Carl Super Bry 10018	ment as registered a proper and completent.  The Alman Arman appears a spent of appears appears a proper a prop	igent und agree to a e performance of n En Green ity to manage is/are	ict in this capacity. I furt ty duties, and I am famili	her i ar w
resignated in this application comply with the provision of accept the obligations of accept the obligations.  The name, title or capacity:  Owner  President  See attachments if necessar	on, I hereby accept the appoint ins of all statutes relative to the p of my position as registered age  AT CO ATE  (Registered ity and address of the person(s) v  Name and Address:  Chris Wilkerson  12 East 30th Street, 6th 160  13 Cast Street, 6th 160  14 Cast Street, 6th 160  15 Cast Runga  15 Cast Street 18th 160  16 Cast Runga  15 Cast Street 18th 160  16 Cast Runga  17 Cottle  18 Cast Street 18th 160  18 Cast Street 18th 18th 160  18 Cast Street 18th 18th 18th 18th 18th 18th 18th 18t	ment as registered a proper and completent.  The Alman Arman apparent appar	rgent und agree to a performance of n En Exp. ity to manage is/are Causetty:	ect in this capacity. I further y duties, and I am famili	her w
signated in this application comply with the provision of accept the obligations.  The name, title or capacity:  Owner  President  See attachments if necessar Mached is a certificate of soliction under the law of	ity and address of the person (s) Name and Address:  Chris Wilkerson  12 East 300 Street 600 How You Ave 10016  Carl Runga  13 Cast 300 Athert 600 How You Ave 10016  Carl Runga  14 Cast 300 Athert 600 How You Ave 10016  Carl Runga  15 Cast 300 Athert 600 How You Ave 10016  Carl Runga  16 Cast 300 Athert 600 How You Ave 10016  Carl Runga  17 Cast 300 Athert 600 How You Ave 10016  Carl Runga  18 Cast 300 Athert 600 How You Ave 10016  Carl Runga  19 Cast 300 Athert 600 Athrt 60	ment as registered a proper and completent.  A.M. A.M. A.M. A.M. A.M. A.M. A.M. A.	ity to manage is/are Causeffy:	ict in this capacity. I further y duties, and I am famili  Name and Address:  Name and Address:	in the
Signated in this application of accept the obligations of accept the obligations.  The name, title or capacity:  Owner  President  Muched is a certificate of soliction under the law of the translator must be substituted on the capacity.  This document is executed.	ity and address of the person (s) Name and Address;  Chris Wilkerson  13 East Son Street Son Fore Son Street Son From Son Street Son Fore Son Son Son Street Son Fore Son	ment as registered a proper and completent.  ALM.  Appear's equator  Who has have author  Title or  sold, duly authentic tificate is in a forcing  5.0203 (1) (b), Floris a third degree felo.	ity to manage is/are Capacity:  ated by the official In language, a transle	net in this capacity. I furthery duties, and I am familiary duties, and I am familiary duties, and I am familiary duties, and Address:    Name and Address:   Name and Name an	in the
Esignated in this application of accept the obligations of accept the obligations.  The name, title or capacity:  Owner  President  Attached is a certificate of isdiction under the law of the translator must be substituted to accept the substitute of the translator must be substituted in the capacity.	On, I hereby accept the appoint its of all statutes relative to the post of my position as registered age  ATALLE  (Registered age  ATALLE  (Registered age  IN Manie and Address;  Chris Wilkerson  12 East 30m Suret, 6 me book  New York, NY 10016  Carl Runga  13 Cast 30m book sin Figure  New York, NY 10018  (Y)  (existence, no more than 90 days which it is organized. (If the cert mitted)  d in accordance with section 605 for Department of State constitute.	ment as registered a proper and completent.  The Alman Alagories agranues who has have author Title or	ity to manage is/are Causeffy:  ated by the official I in language, a translations provided for it	net in this capacity. I furthery duties, and I am familiary duties, and I am familiary duties, and I am familiary duties, and Address:    Name and Address:   Name and Name an	her wi
Esignated in this application of accept the obligations of accept the obligations.  The name, title or capacity:  Owner  President  Attached is a certificate of isdiction under the law of the translator must be substituted to accept the substitute of the translator must be substituted in the capacity.	On, I hereby accept the appoint its of all statutes relative to the post of my position as registered age  ATALLE  (Registered age  ATALLE  (Registered age  IN Manie and Address;  Chris Wilkerson  12 East 30m Suret, 6 me book  New York, NY 10016  Carl Runga  13 Cast 30m book sin Figure  New York, NY 10018  (Y)  (existence, no more than 90 days which it is organized. (If the cert mitted)  d in accordance with section 605 for Department of State constitute.	ment as registered a proper and completent.  The Acoustic	ity to manage is/are Causeffy:  ated by the official I in language, a translations provided for it	net in this capacity. I furthery duties, and I am familiary duties, and I am familiary duties, and I am familiary duties, and Address:    Name and Address:   Name and Name an	in the



Page 1

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

DELAWARE, DO HEREBY CERTIFY "EQUIPSYSTEMS, 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 ELEVENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EQUIPSYSTEMS, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2004.

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

1:

3782370 8300

SR# 20182611615

You may verify this certificate online at corp.delaware.gov/authver.shtml

, - Authentication: 202493583.

Date: 04-11-18