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# Florida Department of State

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# Foreign Limited Liability Company UNITED SITE SERVICES OF GEORGIA, LLC

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

IN COMPLIANCE WITH SECTION 603 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

1. UNITED SITE SERVI	CES OF GEORGIA, LLC Limited Unbility Company; must include "Limited	Liability Comeany, Win L.C., or W.L.C.	)	
(Nature of Foreign	Citation Company, most include control	remoting company, enter, or more	,	
(if name univalishe, ofter alternate a	nano adopted for the propose of transacting business in Flori		ability Company," "LLC," or "LLC.")	
2. Georgia		3. 26-0324064	aher, il rophicable)	
(Jurisdiction under the law of wi	hich foreign limited linkslity corrosny is organizal)	(FEX MAIN	ante, it is part to the s	
4.	Due Sex hausehol burbary in libering If crips to	estamentos V	<del></del> -	
	(Date Best transacted business in Florida, Il prior to a (See sections 605,6904 A, 605 0905, I'S. to determine		11.0	
5. 118 Flanders Road, (Sires Address of Principal Office)		6. c/o Platinum Equity Advis	dris)	
Westborough, Massachusetts 01581		360 N. Crescent Drive, S. Building		
		Beverly Hills, CA 90210		
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
Nama:	C T Corporation System	•	•	
	1200 South Pine Island Road			
Office Address:	1200 South Fine Island Road			
	Plantation	, Florida 33324 (73p co		
Registered agent's accept	(Сну)	(A) co	ca)	
and accept the obligations	ions of all statutes relative to the proper s s of my position as registered agent.	and complete performance of my	t in this capacity. I further agree duties, and I am familiar with	
and accept the obligations	s of my position as registered agent.	and complete performance of my B VIIIeda Int-Secretary	duttes, and I am familiar with	
and accept the obligations	S of my position as registered agent. 10  (Regulated agent's c	and complete performance of my e VIIIeda ent Secretary grature)	duttes, and I am familiar with	
and accept the obligations  8. The name, title or capa	s of my position as registered agent. Jo	and complete performance of my e VIIIeda ent Secretary grature)	duttes, and I am familiar with	
and accept the obligations  8. The name, title or capa Title or Capacity:	ASSISTA  (Regular of the person(s) who has  Name and Address:	and complete performance of my  B VIIIeda  Int Secretary  Instance  Shave authority to manage is/arc:	duties, and I am familiar with	
and accept the obligations  8. The name, title or capa	ASSISTA  (Reptive agail ) 6  acity and address of the person(s) who has  Name and Address;  Eva M. Kalawski  360 N. Crescent Dr. S. Bldg.	and complete performance of my  B VIIIeda  Int Secretary  Instance  Shave authority to manage is/arc:	Name and Address:	
and accept the obligations  8. The name, title or capa Title or Capacity:	ASSISTA  (Regular of the person(s) who has  Name and Address:  Eva M. Kalawski	and complete performance of my  B VIIIeda  Int Secretary  Instance  Shave authority to manage is/arc:	Name and Address:	
and accept the obligations  8. The name, title or capa Title or Capacity:	ASSISTA  (Reptive agail ) 6  acity and address of the person(s) who has  Name and Address;  Eva M. Kalawski  360 N. Crescent Dr. S. Bldg.	and complete performance of my  B VIIIeda  Int Secretary  Instance  Shave authority to manage is/arc:	Name and Address:	
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and accept the obligations  3. The name, title or caps Title or Capacity: Manager	Registered agent.  (Registered agent.)  (Registered	and complete performance of my  B VIIIeda  Int Secretary  Instance  Shave authority to manage is/arc:	Name and Address:	
3. The name, title or capa Title or Capacity: Manager  (Use attachments if necess	Registered agent.  (Registered agent.)  (Registered	e VIIIeda  Int Secretary  Intury  Shave authority to manage is/arc:  Title or Capacity:	Name and Address:	
8. The name, title or capa Title or Capacity: Manager  (Use attachments if necess 9. Attached is a certificate	ASSISTA  (Regulture agrants of the person(s) who has Name and Address:  Eva M. Kalawski  360 N. Crescent Dr. S. Bldg. Beverly Hills, CA 90210  sary)  of existence, no more than 90 days old, of	and complete performance of my  B VIIIeda  Int Secretary  Inture  Shave authority to manage is/arc:  Title or Canacity:	Name and Address:	
8. The name, title or capa Title or Capacity: Manager  (Use attachments if necess 9. Attached is a certificate	Regultive agains of the person(s) who has Name and Address:  Eva M. Kalawski  360 N. Crescent Dr. S. Bldg. Beverly Hills, CA 90210  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate	and complete performance of my  B VIIIeda  Int Secretary  Inture  Shave authority to manage is/arc:  Title or Canacity:	Name and Address:	
and accept the obligations  3. The name, title or caps Title or Capacity: Manager  (Use attachments if necess  9. Attached is a certificate jurisdiction under the law of the translator must be st	Regular again, and address:  Eva M. Kalawski  260 N. Crescent Dr. S. Bldg. Beverly Hills, CA. 90210  sary)  of existence, no more than 90 days old, do of which it is organized. (If the certificate abmilited)	e VIIIeda  Int Secretary  Instrum  Inst	Name and Address:  Name and Address:  with the seriod of records in the tion of the certificate under oath	
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## STATE OF GEORGIA

### Secretary of State

**Corporations Division** 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> United Site Services of Georgia, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact, business in Georgia on the below date. Said entity is in compliance with, the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application, for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 16023078 Date Inc/Auth/Filed: 06/08/2007 Jurisdiction : Georgia ± 07/13/2018 Print Date

Form Number : 211



Brian P. Kemp Secretary of State