

MI0000010082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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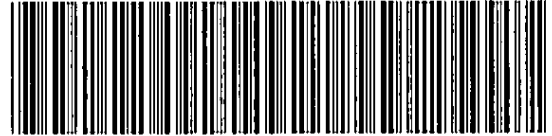
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 NOV - 8 AM 11:56
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11/9/05

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 455611 8251941

AUTHORIZATION : 

COST LIMIT : \$ 125.00

ORDER DATE : October 23, 2018

ORDER TIME : 9:30 AM

ORDER NO. : 455611-030

CUSTOMER NO: 8251941

FOREIGN FILINGS

NAME: T.S.S. 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: _____

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OCT 24 - 8 PM 6:19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: T.S.S. LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Griffin Hamood

Name of Person

T.S.S. LLC

Firm/Company

21000 Hoover Road

Address

Warren, Michigan 48089

City/State and Zip Code

griffin@tsscws.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Griffin Hamood

586

427-0070 ext. 224

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

2008 NOV - 8 P 6:19

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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:

1. T.S.S. LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
NCS T.S.S., LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Michigan
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 38-2971755
(FEI number, if applicable)
4. 10/02/2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. T.S.S. LLC
(Street Address of Principal Office)
21000 Hoover Road
Warren, Michigan 48089
6. T.S.S. LLC
(Mailing Address)
21000 Hoover Road
Warren, Michigan 48089

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Roxanne Turner Asst. Vice President
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
CEO	Michael T. Gillen 1500 SE 37th St., PO Box 38 Grimes, IA 50111	Vice President	Steven E. DeCillis, II 1500 SE 37th St., PO Box 38 Grimes, IA 50111
SVP	David Wingert 1500 SE 37th St., PO Box 38 Grimes, IA 50111	CFO	Daniel Backing 21000 Hoover Rd. Warren, MI 48089

(Use attachments if necessary)

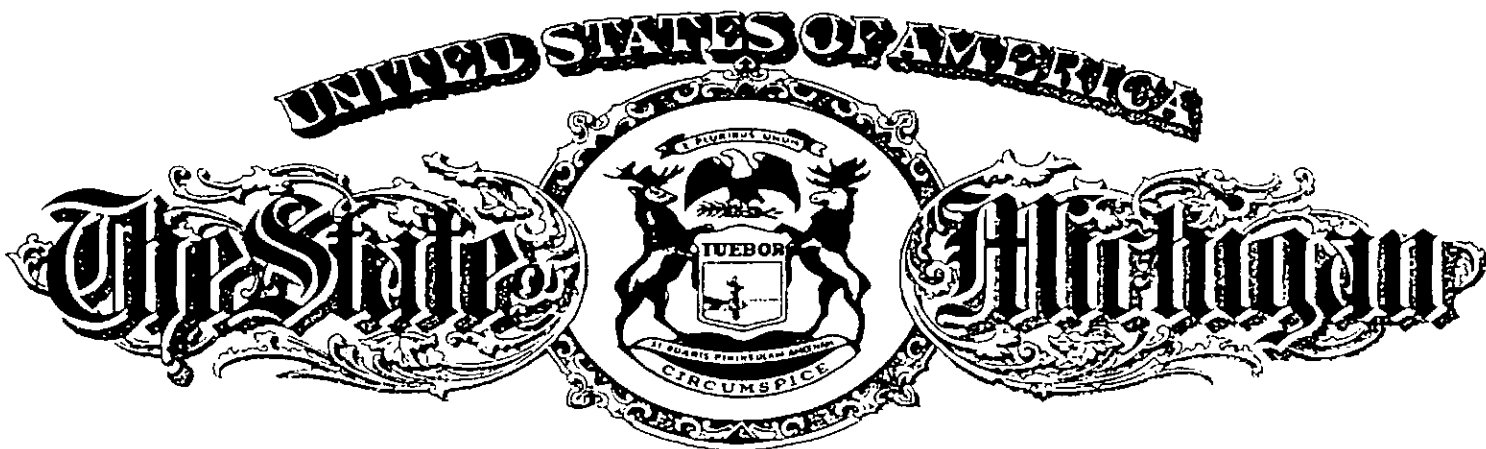
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.

Daniel Backing, CEO
Signature of an authorized person

Daniel Backing

Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

T.S.S. LLC

was validly authorized on January 7, 1991, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY.

I further certify that the Articles or Organization are in full force and effect as of this date.

I further certify that this certificate is not intended to reflect that it has met its annual filing obligations.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 18108768230

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 23rd day of October, 2018.

A handwritten signature in cursive script, appearing to read "Julia Dale".

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau