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COVER LETTER

	Legistration Section Sivision of Corporations							
SUBJECT	Component Solutions							
30DJCC i	·	Name of Limited Liability Company						
					unsact Business in Florida," company to transact busing			
Please retu	rn all correspondence co	ncerning this matter to the	following:					
	Michael Sommer	S						
		Na	me of Person					
	Component Solut	ions LLC						
		Fir	m/Company					
	2000 NE Jensen I	Beach Blvd.						
	·		Address					
	Jensen Beach, FL	. 34957						
		City/St	ate and Zip Code					
	mike.sommers@sts	saviationgroup.com						
		E-mail address: (to be used	for future annual	report not	ification)			
For further	information concerning	this matter, please call:						
M	lichael Sommers		800 at (800-240				
	Name of (Contact Person	Area Code	Day	time Telephone Number			
D Re P.	AILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314			Division of Registrati Clifton Be 2661 Exc	ADDRESS: of Corporations on Section uilding cutive Center Circle see, FL 32301			
		g amount: 3 \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Cop			

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

IN COMPILANCE 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. Component Solutions I	LLC Limited Liability Company; must include "Limited	d Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "	"Limited Liability Company." "L.L.C." or "LLC.")
2 Delaware		3. 83-2913795	
	hich foreign limited liability company is organized)	3. <u></u>	(FEI number, if applicable)
4. 01/02/2019			
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine	registration.) ne penalty liability)	
5. 2000 NE Jensen Beach	h Blvd.	6. 2000 NE Jensen B	
(Street Address of	•	,	Statling Address)
Jensen Beach, FL 349:	<u> </u>	Jensen Beach, FL 3	<u></u>
	ss of Florida registered agent: (P.O. Box Michael Sommers	NOT acceptable)	TASSET OF P
Name:	wichael Sommers		
Office Address:	2000 NE Jensen Beach Blvd.		1: 2:
	Jensen Beach	, Florida <u>34</u>	957
Registered agent's accep	(City)	·	(Zip code)
designated in this applica	egistered agent and to accept service of p ttion, I hereby accept the appointment as ions of all statutes relative to the proper	registered agent and agre	I limited liability company at the place se to act in this capacity. I further agree e of my duties, and I am familiar with
designated in this applicate to comply with the provise	ition, I hereby accept the appointment as	registered agent and agre	ee to act in this capacity. I further agree
designated in this applicate to comply with the provise	ition, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	registered agent and agre and complete performanc	ee to act in this capacity. I further agree
designated in this applicate to comply with the provise and accept the obligation	ation, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. By: Michael Sommers (Registered agent's s	registered agent and agre and complete performanc	ee to act in this capacity. I further agree e of my duties, and I am familiar with
designated in this applicate to comply with the provise and accept the obligation	ition, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. By: Michael Sommers	registered agent and agre and complete performanc	ee to act in this capacity. I further agree e of my duties, and I am familiar with
designated in this applicate comply with the provisand accept the obligation 8. The name, title or capi	ation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. By: Michael Sommers (Registered agent's statistical agent's	s registered agent and agre and complete performanc guature) s/have authority to manage	ee to act in this capacity. I further agree e of my duties, and I am familiar with is/are:
designated in this applicate comply with the provisand accept the obligation 8. The name, title or capacity:	ation, I hereby accept the appointment assions of all statutes relative to the proper is of my position as registered agent. By: Michael Sommers (Registered agent's statistic and address of the person(s) who has Name and Address: Philip Anson, Jr. 2000 NE Jensen Beach Blvd.	registered agent and agreand complete performanc posture s/have authority to manage Title or Capacity:	is/are: Name and Address: Michael Sommers 2000 NE Jensen Beach Blvd.
designated in this applicate comply with the provisand accept the obligation 8. The name, title or capacity:	ation, I hereby accept the appointment assions of all statutes relative to the proper is of my position as registered agent. By: Michael Sommers (Registered agent's statistic and address of the person(s) who has Name and Address: Philip Anson, Jr. 2000 NE Jensen Beach Blvd.	registered agent and agreand complete performanc posture s/have authority to manage Title or Capacity:	is/are: Name and Address: Michael Sommers 2000 NE Jensen Beach Blvd.
designated in this applicate comply with the provisand accept the obligation 8. The name, title or capacity:	ation, I hereby accept the appointment assions of all statutes relative to the proper is of my position as registered agent. By: Michael Sommers (Registered agent's statistical active and address of the person(s) who has a Name and Address: Philip Anson, Jr. 2000 NE Jensen Beach Blvd. Jensen Beach, FL 34957	registered agent and agreand complete performanc posture s/have authority to manage Title or Capacity:	is/are: Name and Address: Michael Sommers 2000 NE Jensen Beach Blvd.
designated in this applicate comply with the provisand accept the obligation 8. The name, title or capacity: CEO / Manager (Use attachments if neces) 9. Attached is a certificate	acity and address of the person(s) who has Name and Address: Philip Anson, Jr. 2000 NE Jensen Beach Blvd. Jensen Beach, FL 34957	registered agent and agree and complete performance and complete performance systems. Shave authority to manage Title or Capacity: CFO	is/are: Name and Address: Michael Sommers 2000 NE Jensen Beach Blvd. Jensen Beach. FL 34957
designated in this applicate to comply with the provisand accept the obligation 8. The name, title or capacity: CEO / Manager (Use attachments if necessing specificate of the translator must be seen to complete the complete	action, I hereby accept the appointment assions of all statutes relative to the proper is of my position as registered agent. By: Michael Sommers (Registered agent's staticity and address of the person(s) who has a Name and Address: Philip Anson, Jr. 2000 NE Jensen Beach Blvd. Jensen Beach, FL 34957 Possary) of existence, no more than 90 days old, of of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203 of the Department of State constitutes a third than the properties of the pr	registered agent and agree and complete performance specifically authority to manage Title or Capacity: CFO duly authenticated by the offers in a foreign language, a (1) (b), Florida Statutes, I	is/are: Name and Address: Michael Sommers 2000 NE Jensen Beach Blvd. Jensen Beach. FL 34957 Michael Sommers at a sea of the translation of the certificate under oath arm aware that any false information d for in s.817.155, F.S.

Typed or printed name of signee

Philip Anson, Jr.

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

DELAWARE, DO HEREBY CERTIFY "COMPONENT SOLUTIONS 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2019.



Authentication: 202263355

Date: 02-14-19