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R)	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	Office Use Only



FILED 19 HAR 18 PH II: 10 SECRETIAN OF STATE FALLAHASSEE, FLORIDA

K. SALY MAR 1 9 2019

FILE 2ND

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

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	ACCOUNT NO.	:	1200000001	95
	REFERENCE	:	680667	8194143
	AUTHORIZATION	:	Smithe	enden
	COST LIMIT	:	\$ 125.00	~ man
ORDER DATE :	March 12, 2019			
ORDER TIME :	10:13 AM			
ORDER NO. :	680667-060			
CUSTOMER NO:	8194143			
~ - 				

FOREIGN FILINGS

NAME: PIVOTAL HOME SOLUTIONS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

	CERTIFIED COPY
<u>XX</u>	PLAIN STAMPED COPY
	CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

TO: **Registration Section Division of Corporations**

Pivotal Home Solutions, LLC

SUBJECT:

T

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: Michele DeLacey Name of Person Pivotal Home Solutions, LLC Firm/Company 1751 W. Diehl Rd. Suite 200 Address Naperville, IL 60563 City/State and Zip Code michele.delacey@amwater.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michele DeLacey 630 718-2788 at (___ Name of Contact Person Arca Code Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: **Division of Corporations** Division of Corporations Registration Section Registration Section P.O. Box 6327 **Clifton Building** Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

S125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fcc & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

. . .

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:

L. Pivotal Home Solutions, LLC

	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability	Company," "LLC," or "LLC,"
Delaware		3. 36-3857885	
(Jurisdiction under the law of v	which foreign limited liability company is organized)	(FEI number, 1	f spplicable)
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605 0905, F.S. to determ	registration.)	
1751 West Diabled			
1751 West Diehl Rd, Suite 200 (Street Address of Principal Office)		6. P.O. Box 5370 (Mailing Address)	
Naperville, IL 60563		Naperville, IL 60567	
			1.0 0
			- FC-I
Name and street addre	ss of Florida registered agent: (P.O. Box		Let A
. reame and <u>surger addre</u>		<u>incor</u> acceptable)	
Name:	Corporation Service Company	·····	
	1201 Hays Street		49
Office Address	1201 Hays Succi		
Office Address:			
Office Address:	Tallahassee	, Florida <u>32301</u>	LANHASSEE, FLOR
	Tallahassee (City)	, Florida <u>32301</u> (Zip code)	FLORIDE
egistered agent's accep	Tallahassee (Ciŋ) otance:	(Zip code)	RID
egistered agent's accep laving been named as re esignated in this applica	Tallahassee (City) otance: rgistered agent and to accept service of j ution, I hereby accept the appointment a	(Zip code) process for the above stated limited lia s registered agent and agree to act in 1	hility company at the phis capacity. I further
legistered agent's accep laving been named as re esignated in this applica o comply with the provis	Tallahassee (City) otance: egistered agent and to accept service of p taion, I hereby accept the appointment a ions of all statutes relative to the proper	(Zip code) process for the above stated limited lia s registered agent and agree to act in t and complete performance of my duti	hility company at the p his capacity. I further les, and I am fumiliar
Registered agent's accep laving been named as re esignated in this applica o comply with the provis	Tallahassee (City) otance: egistered agent and to accept service of p ttion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	(Zip code) process for the above stated limited lia s registered agent and agree to act in t and complete performance of my duti	hility company at the p his capacity. I further les, and I am fumiliar
egistered agent's accep laving been named as re esignated in this applica o comply with the provis	Tallahassee (City) otance: egistered agent and to accept service of p taion, I hereby accept the appointment a ions of all statutes relative to the proper	(Zip code) process for the above stated limited lia s registered agent and agree to act in t and complete performance of my duti	hility company at the p his capacity. I further les, and I am fumiliar
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legistered agent's accept faving been named as re- esignated in this applicator comply with the provision accept the obligation b. The name, title or capa	Tallahassec (City) otance: registered agent and to accept service of p intion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company By: Hegistered agent's acity and address of the person(s) who ha	(Zip code) process for the above stated limited lia s registered agent and agree to act in the and complete performance of my duth Emily Croft Junce ASST. Vice President s/have authority to manage is/are:	hility company at the p his capacity. I further les, and I am fumiliar o
Registered agent's accept laving been named as re- esignated in this applica o comply with the provis and accept the obligation b. The name, title or capa <u>Title or Capacity:</u>	Tallahassec (City) trance: registered agent and to accept service of f tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company By: Hegtsered agent's acity and address of the person(s) who has <u>Name and Address:</u>	(Zip code) process for the above stated limited lia s registered agent and agree to act in t and complete performance of my dut Emily Croft Schave authority to manage is/are: <u>Title or Capacity:</u>	hility company at the p his capacity. I further les, and I am fumiliar
legistered agent's accept faving been named as re- esignated in this applicator comply with the provise and accept the obligation b. The name, title or capa	Tallahassec (City) otance: registered agent and to accept service of p intion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. Corporation Service Company By: Hegistered agent's acity and address of the person(s) who ha	(Zip code) process for the above stated limited lia s registered agent and agree to act in t and complete performance of my dut Emily Croft Schave authority to manage is/are: <u>Title or Capacity:</u>	hility company at the p his capacity. I further les, and I am fumiliar o

(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.

5	 12		·	
\mathcal{C}	Signature of an a	uthonzed person		
Eric J. Palm	 			

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PIVOTAL HOME 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 TWELFTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PIVOTAL HOME SOLUTIONS, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 1992.

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



Page 1



ch, Secretary of State

Authentication: 202426486 Date: 03-12-19

2307880 8300

SR# 20191924373 You may verify this certificate online at corp.delaware.gov/authver.shtml