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## COVER LETTER

	legistration Section Division of Corporation	s				
SUBJECT		ION MAINTENANCE SERVI	CES LLC			
SOBJECT	•	Name of Lim	ited Liability	Company	-	
				ation to Transact Business in Florida, ited liability company to transact bus		
Please retu	irn all correspondence co	oncerning this matter to the foll	owing:			
	BRUCE AUGU	STADT				
		Name	of Person		-	
	HENDRIX PRE	CISION MAINTENANCE SE	RVICES LL	C		
		Firm/	Сотрапу	SE	201	
	PO Box 5662			LAET	2019 HAY 13	
		Ac	ldress	ASSI	ັພ	
	DECTAUR, AL	35601		m, n	PM 4: 33	FILED
	<del></del>	City/State	and Zip Code	ORIO	[ <del>[</del> . 3	
	BRUCE.AUGUS'	TADT@SBCGLOBAL.NET		יטר א	۱ ω	
		E-mail address: (to be used for	future annua	l report notification)	-	
For further	information concerning	this matter, please call:				
J.	ANE T. ENGLAND	at	617	456-8000		
_	Name of	Contact Person	Area Code	Daytime Telephone Number	-	
Di Re P.	AILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	nclosed is a check for the case make check payable	e following amount: to: FLORIDA DEPARTME	NT OF STA	TE		
	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & S160.00 Filing ed Copy of Status & Cer		

## 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:

f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flori	ida. The alternat	e name must include "Limited Lis	bility Company," "L.L.C," or "LLC."
DELAWARE			-4132012	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	<u>.                                    </u>	(FEI num	ber, (i applicable)
	(Date first transacted business in Florida, if prior to n (See sections 605,0904 & 605,0905, F.S. to determin	egistration.) ne penalty liabilit	у)	
1415 SOUTHFIELD DRIVE  (Street Address of Principal Office)			Box 5662	
		6. (Mailing Address)		
DECATUR, AL 35603	3	DE	CATUR, AL 35601	<b>201</b> SE TAL
				2019 HAY SECRETA
	<del> </del>			ASS. 3
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accep	otable)	HAY 13 PH 4: 33 ALTARY OF STATE AHASSEE, FLORIDA
				D 4: 33 STATE LORIDA
Name:	CORPORATION SERVICE COMPAN	- <del></del>		33 IDA
Office Address:	1201 HAYS STREET		_	
	TALLAHASSEE		32301	
	(City)		, Florida	<del> </del>

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. Linda Snook

Assistant VP

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:		
Manager Name: PHIL W. HENDRIX		Manager	Name: BURTON G. MACARTHUR, JI		
Member Address: PO Box 5662		Member	Address: PO Box 5662		
Authorized	DECATUR, AL 35601	☐ Authorized	DECATUR, AL 35601		
Person		Person			
Other	Other	Other	Other		
Manager	Name: ROBERT D. MACARTHUR	Manager	Name: DONALD FRANKEL		
Member	Address: PO Box 5662	☐ Mcmber	Address: PO Box 5662		
Authorized	DECATUR, AL 35601	☐ Authorized	DECATUR, AL 35601		
Person		Person			
Other	Other	Other			
☐Manager ☐Member	Name:	☐ Manager	Name: RAY 13 PA		
Authorized		☐ Authorized	LORNI LORNI		
Person		Person			
Other	Other	Other	Other		

- 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.

Signature of an authorized person

BriveE H AUGUSTADT

Typed or printed name of signed

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HENDRIX PRECISION MAINTENANCE SERVICES 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 TWENTY-FIFTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HENDRIX PRECISION MAINTENANCE SERVICES LLC" WAS FORMED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2016.

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

Authentication: 202712920

Date: 04-25-19

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