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Florida Department of State
Division of Corporations
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To: Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
KEYSTONE TURBINE SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Z BROWN

JUN 14 2019

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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. KEYSTONE TURBINE SERVICES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. DELAWARE 3. 45-3938849
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 885 FOX CHASE, STE 111 6. 885 FOX CHASE, STE 111
(Street Address of Principal Office) (Mailing Address)
COATESVILLE, PA 19320 COATESVILLE, PA 19320

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

Name: AIA REGISTERED AGENT INC.
Office Address: 5647 110TH AVENUE N
ROYAL PALM BEACH, Florida 33411
(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.

[Signature]

(Registered agent's signature)

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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:
☒ Manager Name: JOHN FRASER
☐ Member Address: 885 FOX CHASE, STE 111
☐ Authorized COATESVILLE, PA 19320
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☒ Manager Name: ROBERT GORDON
☐ Member Address: 885 FOX CHASE, STE 111
☐ Authorized COATESVILLE, PA 19320
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: CHUCK HURDLESTON
☐ Member Address: 885 FOX CHASE, STE 111
☐ Authorized COATESVILLE, PA 19320
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: DAN OPPENHEIM
☐ Member Address: 885 FOX CHASE, STE 111
☐ Authorized COATESVILLE, PA 19320
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

John Fraser
Signature of an authorized person

JOHN FRASER

Typed or printed name of signer

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KEYSTONE TURBINE 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 THIRTEENTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KEYSTONE TURBINE SERVICES, LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2011.

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



5060496 8300

SR# 20195421490

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

A handwritten signature of Jeffrey W. Bullock in black ink.

Jeffrey W. Bullock, Secretary of State

Authentication: 203019742

Date: 06-13-19

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