(Req	uestor's Name)	
(Addi	ress)	
- (Add	ress)	
(City/	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	e)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	





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COVER LETTER

TO:

Registration Section

JECT: Name of Limited Liability Company						
	Application by Foreign Limited Liability Coheck are submitted to register the above r					
eturn a	Il correspondence concerning this matter to	the follo	owing:			
	Lisa Vetter			201 TAI		
	Name of Person		JUL 9JU			
	UPS Instrument & Electrical Services.	LLC		ASSE.	-	
	Firm/Company		TALLANASSEE FLORI			
	806 Seaco Ct			11.08 11.08 11.08	; -	
		Λd	dress	P F	.	
	Deer Park, TX 77536					
	C	ity/State a	and Zip Code			
	lisa.vetter@universalplant.com					
	E-mail address: (to be	used for	future annual	report notification)		
her info	ormation concerning this matter, please call	l:				
Lisa	Vetter	at	281	479-6000		
	Name of Contact Person		Area Code	Daytime Telephone Number		
Divisi Regist P.O. F	ANG ADDRESS: on of Corporations tration Section Box 6327 tassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclos	sed is a check for the following amount: make check payable to: FLORIDA DEP.					

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. UPS Instrument & Ele	Limited Liability Company; must include "Limit	ed Liabilit	y Company," "L.L.C	C.," or "LLC.")			_
, ,	, , ,		, , ,,	· ·			
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Flo	orida. The a	Itemate name must incl	ude "Limited Liability (Company," "L.	L.C," or "	.L.C.")
Texas		2	83-4660794		TA!	2019	
(Jurisdiction under the law of w	thich foreign limited liability company is organized)	<i>J</i> .		(FEI number, if	applicable)	_ئ يا	
8/1/2019 4.					HASS	JUL 19	
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration inc penalty	.) liability)			PH	1-44
806 Seaco Ct 5		6.	806 Seaco Ct		FLOR) PM 4:	
(Street Address of	Principal Office)			(Mailing Address)	10,7	1	
Deer Park, TX 77536			Deer Park, TX	77536			
				· · · · · · · · · · · · · · · · · · ·			
7 Nama and street address	ss of Florida registered agent: (P.O. Box	NOT	(coantabla)				
7. Name and street address	ss of Profita registered agent. (1.0). Nox	NOT	ессеркаоте)				
Name:	CAPITOL CORPORATE SERVICES	, INC.					
Office Address:	515 EAST PARK AVENUE 2ND FL						
	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.

Dellarie Case, asst. sec.

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: Name: Christina Ho Name: Terri Jackson Manager Manager Manager 806 Seaco Ct 806 Seaco Ct ☐ Member Address: " ☐ Member Address: Deer Park, TX 77536 Deer Park, TX 77536 Authorized Person Person Other____ Other____ Other_ Quier Name: _____ Manager Manager Manager Name: Member Address: Member Address: ■ Authorized ☐ Authorized Person Person Other__ Other___ Other Other Manager Name: _____ Manager Name: □Member Address: Member Address: ______ ■Authorized Authorized Person Person Other __Other____ Other_____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Signature of an authorized person

Typed or printed name of signee

Christina Ho

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697

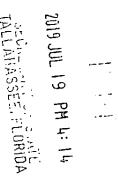


Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for UPS Instrument & Electrical Services, LLC (file number 803301298), a Domestic Limited Liability Company (LLC), was filed in this office on April 24, 2019.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 20, 2019.



Jose A. Esparza Deputy Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services