

MP000008225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

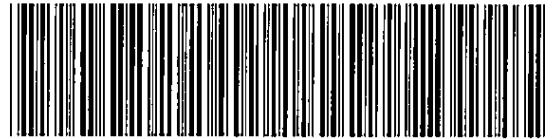
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19000077840

Office Use Only



800333512408

FILED
2019 AUG 21 PM 4:36
FBI
TALLAHASSEE, FL 32301

RECEIVED
19 AUG 21 PM 2:03

Y SCOTT
AUG 26 2019





FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2019

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: ECM INDUSTRIES, LLC
Ref. Number: W19000077840

We have received your document for ECM INDUSTRIES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 819A00017357

19 AUG 23 PM 2:04

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

ACCOUNT NO. : I20000000195

REFERENCE *Signature* 7995234

AUTHORIZATION :

COST LIMIT : \$ 763.75

ORDER DATE : August 8, 2019

ORDER TIME : 11:39 AM

ORDER NO. : 875873-010

CUSTOMER NO: 7995234

FILED
2019 AUG 21 PM 4:36
TALLAHASSEE FLORIDA

FOREIGN FILINGS

NAME: ECM INDUSTRIES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ECM Industries, LLC

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:

Matt Walter

Name of Person

ECM Industries, LLC

Firm/Company

16250 W. Woods Edge Rd.

Address

New Berlin, WI 53151

City/State and Zip Code

matt.walter@ecmindustries.com

E-mail address: (to be used for future annual report notification)

FILED
2019 AUG 21 PM 4:36
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

For further information concerning this matter, please call:

Matt Walter

262

317-8760

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$120.00 Filing Fee

☐ \$100.00 Filing Fee

☐ \$75.00 Filing Fee

**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. ECM Industries, 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. 83-0845689
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 9, 2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 16250 W. Woods Edge Rd. 6. 16250 W. Woods Edge Rd.
(Street Address of Principal Office) (Mailing Address)

New Berlin, WI 53151 New Berlin, WI 53151

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2019 AUG 21 PM 4:36
TALLAHASSEE FLORIDA

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

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.

Corporation Service Company

Roxanne Turner

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: Adam McMahon
☐ Member Address: 16250 W. Woods Edge Rd.
☐ Authorized New Berlin, WI 53151
Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Genstar PP Aggregator, LLC
☒ Member Address: Four Embarcadero Center
☐ Authorized Suite 1900
Person San Francisco, CA 94111

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**
☒ Manager Name: David Scheer
☐ Member Address: 16250 W. Woods Edge Rd.
☐ Authorized New Berlin, WI 53151
Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: ECMI Management, LLC
☒ Member Address: 16250 W. Woods Edge Rd.
☐ Authorized New Berlin, WI 53151
Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

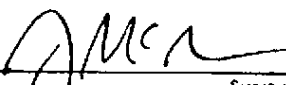
Person _____

☐ 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.



Signature of an authorized person

Adam McMahon, on behalf of member ECMI Management, LLC

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ECM INDUSTRIES, 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-FIRST DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ECM INDUSTRIES, LLC" WAS FORMED ON THE SEVENTH DAY OF JUNE, A.D. 2018.

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

FILED
2019 AUG 21 PM 4:37
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

6915699 8300

SR# 20196631912

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

Authentication: 203447032

Date: 08-21-19