

11/25/2019

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Fax Number : (954)288-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**Foreign Limited Liability Company
SW ELEVATORS, I.L.C**

Certificate of Status	0
Certified Copy	1
Page Count	04
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Corporate Filing Menu

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NOV 26 2019

HONOR ORIGINAL DATE 11-25-19

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0912, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SW Elevators, I.L.C.

(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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-2602599

(EIN number, if applicable)

4. n/a(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 301 Commerce St., Ste 2360

(Street Address of Principal Office)

6. 301 Commerce St., Ste 2360

(Mailing Address)

Fort Worth, TX 76102Fort Worth, TX 761027. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: CT Corporation SystemOffice Address: 1200 South Pine Island RoadPlantation

(City)

, Florida 33324

(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.

(Registered agent's signature)

James Halpin
Assistant Secretary

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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: Thomas A. Cavinder

☐ Member Address: 301 Commerce Street, Ste 2360

☐ Authorized Fort Worth, TX 76102

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: John Dupuy

☐ Member Address: 3811 Turtle Creek Blvd., Ste 1010

☐ Authorized Dallas, TX 75219

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Stephen P. Dyke

☐ Member Address: 3401 Tuttle Road, Ste 250

☐ Authorized Shaker Heights, OH 44122

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Kurt I. Smentek

☐ Member Address: 3811 Turtle Creek Blvd., Ste 1010

☐ Authorized Dallas, TX 75219

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

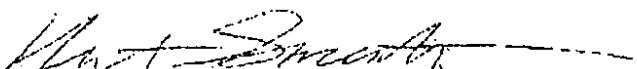
Person _____

☐ 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.


Signature of an authorized person

Kurt I. Smentek

Typed or printed name of signer

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Delaware

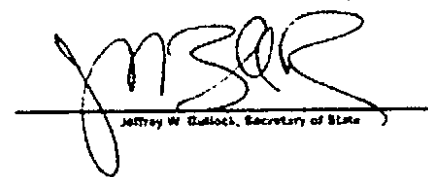
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SW ELEVATORS, LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2019.

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

2019 NOV 25 PM 3:52



Jeffrey W. Bullock, Secretary of State

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SR# 20198293451

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

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Date: 11-25-19